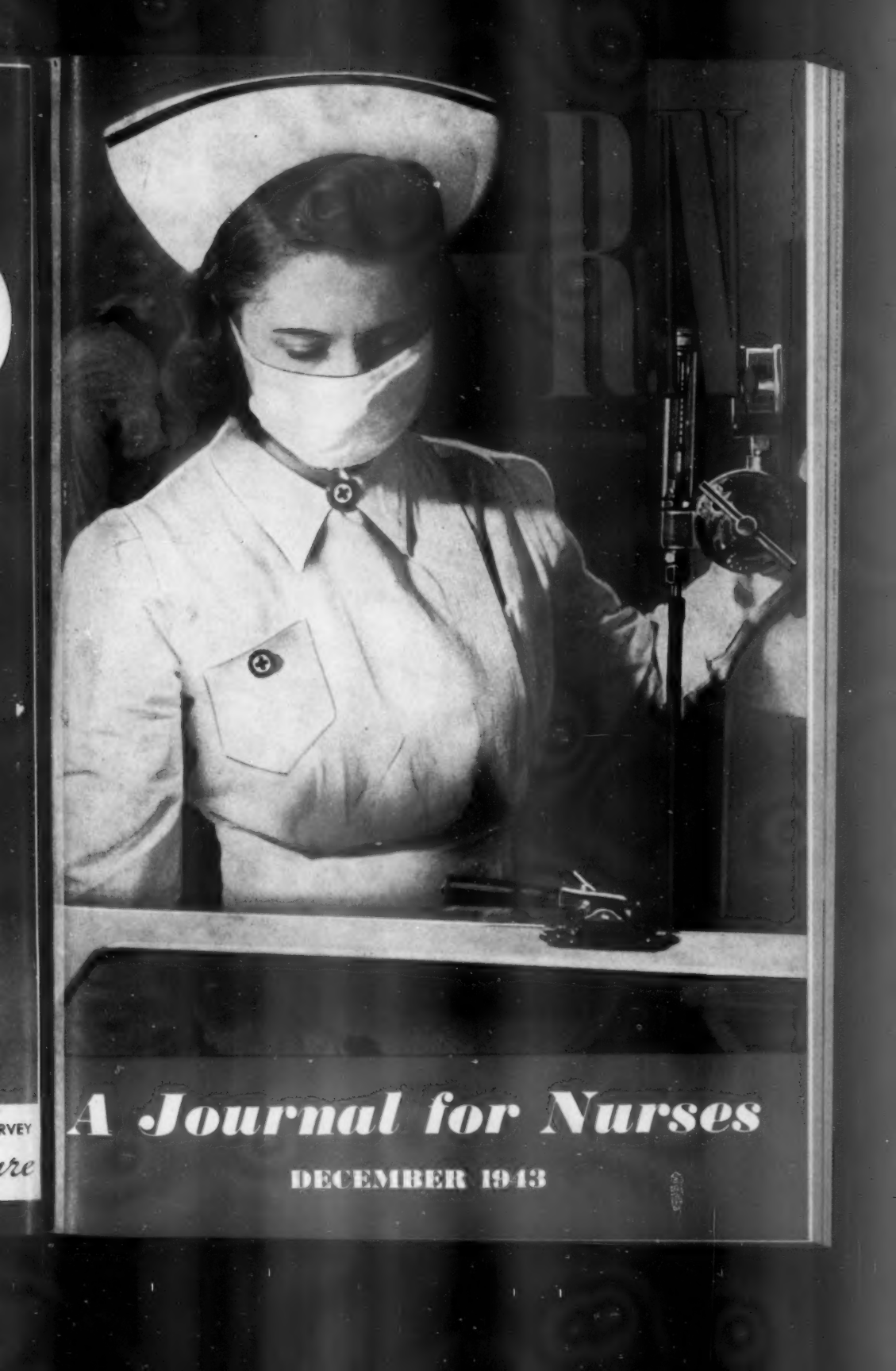
A Journal for Nurses
DECEMBER 1943

How safe and effective is TAMPAX?

Intensive 5-year study of 2340 cases answers important questions on use of Tampax Menstrual Tampons

THE results of a comprehensive investigation* into the safety and efficacy of Tampax menstrual Tampons provide valuable data for the physician's consideration. In this project, studies of bacterial flora and hydrogen ion concentration, vaginal mucosal biopsies and glycogen determinations were undertaken, in addition to gross examinations . . . to answer the following questions:

Do tampons cause cancer, erosion, or vaginitis?

No production of irritation or discharge, vaginitis or cervicitis was found in one study group of 218 women employing tampons regularly for one year or over.

Do tampons block the flow?

Tampons do not block the flow. On the contrary, they actually act as a wick to draw blood away from the cervix.

Do tampons irritate the delicate vaginal tissue?

Careful and repeated observations on over 500 private patients using vaginal tampons during menstruation failed to reveal any instance in which harm resulted.

Should tampons be worn only at the start and end of menstruation?

In 110 young nurses (another study group), 95 per cent used tampons with satisfaction all through menstruation. Only 5 per cent could not use tampons in the middle of the period, and in these cases the flow was excessive.

Do tampons overcome the problem of menstrual odor?

Definitely yes, as shown by this study and by numerous investigators.

Are tampons comfortable and do they help the psychological attitude toward menstruation?

The patient does not even know that a tampon is present in the vagina if it is inserted sufficiently deep. A large number of patients have voluntarily stated, without being questioned, that premenstrual and menstrual tension disappeared following the adoption of tampon hygiene.

* Kernohy, K. J., West. Jol. Surg. Obstet. and Gyn., Vol. 51, p. 150, April 1943; condensed in Cur. Med Dig., July 1943, p. 43

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R.N. — a Journal for Nurses

Debits and Credits 4

Science Shorts 17

A Break for the Staff Nurse 31
Dorothy Sutherland

Battle Field (Poem) 32
Ruth Arundel Piercy, R.N.

The Seven Ages of the Physician 33
James Chapin

"Ask Miss Torrop" 37
Hilda Torrop, R.N.

Bacillary Dysentery 38

Quiz on Occupational Diseases 40

Bringing Britain's Babies 42
Phyllis Lovell

R.N. to M.D. (Poem) 43
Rita Lowell, R.N.

Probie 44
Jo Brown

The New Compression Dressing 45
Allen Klein, Phar.D.

Public Health Nursing and the War, Part II 46

News of the Month 55

Positions Available 89

Cover photo by Henle for O.W.I.

Circulation over 100,000 registered nurses monthly

December 1943

VOLUME 7, NUMBER 3

EDITOR
Dorothy Sutherland

Palatable ... AND DIGESTED WITH REMARKABLE EASE

In the formulation of meals for the acutely or chronically ill patient, palatability must be given first consideration. The effects of temperature elevation, toxemia, and enforced inactivity contribute to loss of appetite. Attractive and tasty dishes must be served in order to overcome this frequently encountered anorexia.

Ovaltine is a delightful and welcome change from the usual beverage and between-meal feeding. Its appealing taste overcomes the frequently encountered resistance to food, hence it is usually taken with relish, as well at meals and in-between. Its low curd tension promotes rapid gastric emptying which, together with its easy digestibility, prevents abdominal distress and loss of appetite.

Ovaltine offers other and valuable nutritional advantages. It provides an abundance of vitamins, biologically adequate proteins, and essential minerals, all of which are needed in greater amounts during periods of illness. The Wander Company, 360 North Michigan Avenue, Chicago, Illinois.

Ovaltine

Three daily servings (1½ oz.) of Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
PROTEIN	6.0 Gm.	31.2 Gm.	VITAMIN A	1500 I.U.	2953 I.U.
CARBOHYDRATE	30.0 Gm.	62.43 Gm.	VITAMIN D	405 I.U.	480 I.U.
FAT	2.8 Gm.	29.34 Gm.	THIAMINE	.9 mg.	1.296 mg.
CALCIUM	.25 Gm.	1.104 Gm.	RIBOFLAVIN	.25 mg.	1.278 mg.
PHOSPHORUS	.25 Gm.	.903 Gm.	NIACIN	5.0 mg.	6.9 mg.
IRON	10.5 mg.	11.94 mg.	COPPER	.5 mg.	.5 mg.

*Each serving made with 8 oz. milk; based on average reported values for milk.

Debits and Credits

QUALITY

Dear Editor:

This war is being used as a blanket to cover a multitude of sins, especially in the nursing field. Because our Government is asking that more women take up nursing, and because more graduates are leaving civilian positions to enter the armed services, many nursing schools are admitting women who are below the standard either in mental acuity or in pre-professional preparation.

In so doing nursing is lowering its own standing. In the future, the lay person will have less respect for the profession than it has now—which is not as high as we would like to believe.

My question is: Is it better to have few but good nurses take care of our civilians and soldiers or to have a great many poor nurses in the field who in normal times will serve as a hindrance to nursing progress?

HELEN L. SHUMAN, R.N.
Waterbury, Conn.

BITTERSWEET

Dear Editor:

I'm just another "cover-to-cover" reader of *R.N.* Even my sons, aged seventeen and fourteen, enjoy Probie and Roxann, and want to know if such situations really occur in nursing.

I am an old graduate, 1921, and returned to private duty nursing three years ago. Occasionally, too, I relieve in the fifty-bed hospital here.

Like Miss Sutherland ["The Best is None too Good," April], I was shocked at the slackness and inefficiency of some of the nurses. It seems as if three years of training had gone to their heads to the point where they would not consider washing a glass or cleaning up after themselves . . .

I think a good deal of this slackness could be eliminated in training schools, especially in some of the smaller schools which must affiliate with larger hospitals. I have heard too many girls say, "If I had to take all my training in a hospital like Bellevue, I would have quit early in the game because of the hard work and poor class of people to be cared for."

I am a graduate of Metropolitan Hospital on Welfare Island and I thank my lucky stars for it. I took the bitter with the sweet, and have nursed for all types of patients with an equal variety of diseases. And I thank God for the opportunity.

R.N., Potsdam, N. Y.

NATIONWIDE LICENSE

Dear Editor:

Regarding the registration problem, why not have a national board, located in one state, to which all nurses upon the completion of their state board examinations would pay a fee of twenty-five dollars? A portion of this fee would be retained by the state in which the nurse passed her examination. The balance of the payment would entitle her to practice in any state without the present-day red tape and fees.

This national board could also settle the matter of uniform educational standards, raising salaries where they are too low, and other similar grievances.

The nurse anesthetists have a national board. Why couldn't it be expanded to include all nurses?

(MRS.) EVELYN FRAZIER, R.N.
Los Angeles, Calif.

ANTI-UNION

Dear Editor:

May Levine's letter in a recent issue [D & C, July] set me thinking.

If the members who are so dissatisfied with the way the A.N.A. is run would put some of their "get-up-and-get" behind their local alumnae and state nurses' associa-

tions, the A.N.A. could function more efficiently. The voice of its members would determine its policies. If members think, but don't speak up, who is supposed to read their minds?

Our work can't be limited by hours; it can't be dropped when the whistle blows. Nurses' work is emotional, mental, physical. If we realize the fullness of our profession, we work with our hands and our hearts. Second only to medicine, nursing has the highest aims and ideals of any profession.

Finally, our nurses got the eight-hour day through action in alumnae meetings, and we didn't have to threaten union strike tactics to do it either.

My thanks to R.N., Los Angeles, whose letter appeared in the same issue. I am in accord with her beliefs.

R.N., Mississippi

Dear Editor:

May Levine's letter made me very angry. Nurses are professionals, not day laborers, working by the hour. When we join a union we are removing ourselves from the high plane of a profession. A nurse that wants to do that had better work as a laborer in a factory.

Remember that the function of the American Nurses Association begins at home with your district meeting. If attendance at these meetings in New York is comparable to that in Indiana, it's no wonder that we don't get things done. Out of four hundred members, our average attendance in Indiana is twenty. The same thing holds true in Illinois.

Joining a union would be playing right into the hands of people who advocate socialized medicine. I wonder if Miss Levine would like to be told where to work; I wonder if she knows what socialized medicine is like abroad? I have lived abroad and know.

I am a member of the board of directors of our district. At our last meeting we voted to raise the private duty fees. We did not have to strike to do it. As a district we are in close touch with our state organization and receive much help and guidance from Miss Teal of the I.S.N.A. I have been working in the

same position for over four years and have had several raises without having had to strike for them.

It might do Miss Levine good to use some of her energy and time attending and promoting district meetings.

ELLEN FOSTER, R.N.
New Castle, Ind.

[R.N. *disapproves the strike technique as applied to hospitals. Readers should know, however, that no nurses' union has ever advocated this method of obtaining improved working conditions for its members.*—THE EDITORS.]

"INDISPENSABLES"

Dear Editor:

Having read your ("our") magazine since its first issue, I wish to express my appreciation. So often I am impressed by your news items, and wonder if other nurses are keeping pace with their profession by reading these informative articles.

In the June number I was particularly interested in the item, "Indispensables," [News of the Month] relative to the War Manpower Commission, as applicable to the nursing profession. I am serving on a subcommittee of this commission, composed of registered nurses, but can't help feeling very keenly that nurses have been discriminated against.

Why should one profession be singled out and placed under the control of labor? This commission, made up entirely of representatives of labor and management, could not possibly know the problems arising in nursing. It would be the same as trying to control medicine, the teaching profession, or the bar association.

Nurses as a group want nothing to do with unions but if we are to be controlled by labor we might also have the advantages of labor. We have not asked for time and a half for overtime, a set number of hours per week. When necessity demands, we work around the clock and often with an I.O.U. We do not have social security, unfortunately, for the entire profession nor do we receive indus-

trial compensation when necessary.

Nurses worked many long years for a starvation wage and under undesirable conditions in order to live up to their Nightingale Pledge. Now, when their services are sorely needed and they might better their living status, they must abide by the decision of a group of often radical and unprepared people.

In all fairness, give nurses a chance to settle their own problems and get some compensation by fair play. Let our state nursing organizations iron out such difficulties as may arise in the profession and not the Man Warpower Commission or a subcommittee who is subordinate to the W.M.C.'s final decision. I feel that this control is one step down the ladder and detrimental to the morale of the nurse and the war effort.

R.N., Dover, O.

TIPS FOR T.B.'s

Dear Editor:

In a recent letter to Miss Torrop [*R.N.*, July], a nurse with T.B. asks for suggestions whereby she might earn a small amount of money to help her cover expenses. I know of several untrained persons who have been quite successful in making attractive needle books and kindred items for several years. I would be very glad to send directions for making these items to anyone interested.

ELIZABETH SENNEWALD, R.N.
436 E. 36th St.
Paterson, N. J.

Dear Editor:

I would like to make a few suggestions to the nurse who questioned Miss Torrop on rehabilitation activities for nurses who had contracted tuberculosis . . .

In 1941 I came down with T.B. and was admitted to a sanitarium for nine months. There we had access to a good occupational therapy department, where I was allowed to knit, and make several pairs of mittens and socks. Another patient made linen handkerchiefs with colored borders which sold at fifty cents apiece. She had so many orders for these that she was constantly busy. Still another

was taught to make tiny thread crochet hats to be worn as lapel ornaments. These were so popular that department stores sent repeat orders for them. Red-white-and-blue were favorite colors.

Mittens and gloves sell very well around Christmas time, also knitted ties and children's sweaters. And of course Christmas cards and greeting cards always go well.

I would suggest that sample items be sent church organizations, alumnae and friends.

I am now about ready to go back to work, and I plan to go into the field of tuberculosis nursing. I have been studying for this all summer.

HILDA HAHN, R.N.
Syracuse, N. Y.

Dear Editor:

I hope this letter will help some of your nurses with T.B. who would like to earn some money. I, myself, have been "on the cure" since 1940, but fortunately I do not have to worry about finances. Yet I appreciate the ill effects financial worries can have on others.

These suggestions are offered in particular to the girl who is permitted to work only three hours daily at light duties. She might try, first of all, to get a position in a hospital office or record room. Her professional training would be extremely valuable to an institution in these days of scanty help. Or, she might like to work in a hospital sewing room.

If the girl is skilled in handiwork, there are numerous things she can make. With the holiday season comes a demand for such novelty items as pot holders, laundry bags, dolls, doilies, etc.

Another means of augmenting an income is to sell greeting cards . . . Last year from September to December a sick nurse made over one hundred dollars in this line of work.

If none of these ideas appeal, one can always apply to the nearest United States Employment Service. There one is certain to find a field for one's aptitudes.

R.N., New Brunswick, N. J.

Special apparatus has been developed at the Hudnut Institute for Dermatological Research to study preparation of emulsions and viscosity

Behavior Patterns for Cosmetics

EVERY nurse will appreciate the belief of the Richard Hudnut organization that it is the cosmetic manufacturer's responsibility to give women reliable, scientifically tested beauty products, based on competent research.

This idea finds practical application at the Hudnut Institute for Dermatological Research, where one department devotes the major part of its time to studying the chemical and physical properties of potential ingredients, subjecting them to tests and analyses that help to form a behavior pattern for a given substance.

The importance attached to this phase of cosmetic research may be estimated by the fact that many materials developed by the cosmetic industry are now used by the medical profession in pharmaceutical preparations for the skin.

Another phase of the Institute's work is the study of wetting agents and their effect on surface tension, a pertinent project in view of recent developments in both cosmetic and therapeutic use of creams and lotions.

These are two examples of the scope of the projects now under way at the Institute. Nurses interested in obtaining full information about the Institute are invited to write for a free illustrated booklet to: Hudnut Institute for Dermatological Research, 113 West 18th Street, New York 11, N. Y.

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With the period of weaning behind him, the growing child enters a new and critical phase of development.

The rate of skeletal and muscle growth is stepped up and for a time at least the energy output and caloric needs increase more rapidly than the body weight.

Basic in meeting these increased nutritional requirements is a food which has been prescribed by physicians for well over 50 years:

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PROTEIN—*Essential Amino Acids of Milk* . . . For muscle and tissue building.

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VITAMIN REINFORCEMENT—Maintenance requirement of A, B_1 and D and more than 50% of C.

Recommend

HORLICK'S

Science Shorts

The *American Review of Soviet Medicine* tells of a new method of treating belly wounds. A rich egg nog is fed through the wound while the patient is on the operating table. This is done to fight weakness and give men a better chance of resistance from all conditions resulting from these wounds. Mortality has been reduced to 40 per cent or less.

*

Aristotle recommended eating liver to prevent night blindness. That was over 2,000 years ago!

*

Dr. Rhoda W. Benham has found that when a head is infected with ringworm of the scalp it will show a brilliant green fluorescent light against a dark background when filtered ultraviolet rays shine on the head. This test will prove of value during an epidemic when the scalp looks normal under ordinary conditions.

*

Australia plans to double production of vegetables during its summer season because of the large number of Allied forces in the South Pacific.

*

Dr. M. Pijoan and wife, working at the U.S. Indian Service Nutrition Laboratory and University of New Mexico, have developed a new treatment for impetigo. Knowing that the Indians would not wear bandages, they used a mixture of sulfadiazine in methyl cellulose. This formed a water-soluble plastic coating and the sulfa drug healed the sores. Many cases were conquered in 24 hours. In most cases, only one application was necessary.

*

The new mosquito-repellent used in New Guinea and other tropical countries is made entirely of synthetics. This new chemical, known as Formula 612, is long-lasting, effective, and has no disagreeable odor. The Army and Navy are now using every bit of it, but it does have post-war possibilities for civilian use.

*

Reports from the War Department show an almost 100 per cent victory over diseases which can be treated with inoculation. In the China-Burma-India theatre, the record shows: no cases of cholera, tetanus, smallpox one case of typhus, no deaths; twelve cases of typhoid, one death. In the Middle East and North African theatre: four mild cases of typhus; no deaths. The latter area is noted as a fertile breeding place for typhus and severe epidemics were reported among civilians. Of course, inoculation is not the only protective measure. Water testing, out-bounding unsanitary places, checking of messes and food handlers, and efforts to keep insects and vermin at a minimum are all part of the program.

Tetanus vaccines and prompt surgical attention are also saving thousands. Soldiers going overseas receive two injections of cholera vaccine and may be given a stimulating shot if remaining in a cholera area. Typhoid vaccines are given upon entrance into the Army and in typhoid zones, a

stimulating shot every six months. Three injections of typhus are given and a stimulating shot every six months.

*

Papaya juice has been discovered to be of help in treating burns.

*

Dr. David H. Goldstein and his associates, of the New York University College of Medicine and Bellevue Hospital, announce that the new quick treatment for syphilis may be made more effective and safer by the use of a chemical from lemon peel. A chalcone which belongs to the group of yellow and orange coloring matter gave the most satisfactory results in these tests. It did not lessen the effect of mapharsen. In fact, in the test tube, the chalcone itself had some killing effect on the spirochetes. Addition of this chemical to the standard dosage may reduce the dangers of brain damage caused by powerful arsenical doses used in treatment.

*

Penicillin, heretofore produced laboriously and slowly, will reach volume production in 1944 as several new laboratories swing into action. In 1943, according to the War Department, 125,000 to 200,000 ampoules will have been available; in 1944, at least ten times that quantity.

*

Scientists at Pennsylvania State College have devised a method to preserve vitamin C in evaporated milk. Now it can be shipped and stored without deterioration of the vitamin for six months or more. This is important because vitamin C is delicate and is oxidized in contact with air. Also, it cannot be stored in the body and must be taken each day.

*

The United States Department of Agriculture warns against indiscrim-

Why patients fall in love with their nurses

Do you know this secret of their charm?

A MAN'S nurse is the center of his universe . . . his ministering angel and chief distraction. He has time to observe and admire her soft, gentle hands, smooth, fresh skin, buoyant step . . . And it's only a short step from admiration to adoration!

But how do nurses keep these charms in spite of their hard work and long hours? Thousands of nurses have found the way with Noxzema Medicated Cream. Nurses were among the first to discover this unique cream . . . they are its loyal users!

Soothing Noxzema helps soothe and soften hands that plunge so many times a day into water or strong solutions. It smooths in quickly . . . disappears completely . . . is not sticky or greasy. Chapped, rough hands need not plague you if you make a habit of using Noxzema.

Tired, burning feet respond gratefully to Noxzema's cooling touch. It relieves the agonizing pain of chafed areas. When externally-caused blemishes mar your skin, see how quickly Noxzema helps heal them!

Noxzema can do so much for your charm and comfort! Get a jar today at any drug counter!

inate home use of canning powders and chemical preservatives.

*

A new synthetic female sex hormone has been reported in the *Journal of the American Medical Association.* It is called octofollin and was developed by Schieffelin and Co. It can be given either by mouth or by hypodermic and is for relief of distressing symptoms during the menopause. No side effects were noted.

*

The Metropolitan Life Insurance Company has announced that close to two million more babies have been born since 1933 *than would have been born had the* 1933 *birth rate prevailed.*

*

Succinylsulfathiazole is being used for epidemic diarrhea of the newborn, according to a report published by Twyman and Horton of Indianapolis. Two other doctors, Blumberg and Gleich of Harlem Hospital, New York, are using sulfathiazole by mouth to cure gonorrhea in babies and prevent blindness.

*

Bureau of Census records prove that the average life of rural people is higher than that of urban; women have longer lives than men, and whites longer than non-whites.

*

Lt. Commdr. David R. Talbot, U.S.N.R., reports his results in both Army and Navy studies of malaria. Use of atabrine as a prophylactic was believed to mask malaria symptoms during the time in which the parasites were causing internal damage. Where the drug failed to halt the disease, the patient often progressed to the critical stage without noticeable early symptoms. The Commander believes that during peacetime malaria should be treated only after men become infected, but in active combat prophy-

The clinically successful record of Gerber's Strained Oatmeal is due to its development by qualified infant nutrition specialists. Made in the Gerber laboratories, where strict supervision constantly maintains ideal manufacturing conditions.

CHECK THESE 5 POINTS:

1. NOURISHING VALUES. This cereal is fortified with Vitamins of the B complex as well as iron.
2. LOW FIBRE CONTENT. This cereal is processed to be suitable for the delicate intestinal tract of infants as young as three or four weeks. The percentage of fibre present in the dry cereal is exceptionally low. When mixed with milk, it is even lower.
3. SMOOTH CONSISTENCY. When infants are first given cereal, consistency is very important. Gerber's Strained Oatmeal has been developed to mix to a smooth, creamy consistency.
4. APPETIZING TASTE. Special attention was paid to the taste of Gerber's Strained Oatmeal. How infants appreciate that good flavor as they grow older!
5. EASY TO SERVE. This cereal is pre-cooked. Simply add hot or cold milk or formula according to the consistency desired.

IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
Minimum daily requirement	0.25	7.5
Recommended allowance	0.4	7.5
One ounce Gerber's Strained Oatmeal	0.37	12.0

Calories per ounce: Gerber's Strained Oatmeal 110.

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laxis is necessary. He also believes that a monthly examination of blood should be routine in malaria regions; when the parasite is found, ample treatment should be given whether symptoms are present or not.

*

Tomatoes canned from Victory Gardens or commercially, will have almost twice as much vitamin C as the fresh winter varieties.

*

Major Aaron Roth, M.C., has developed a new instrument for determining the degree of fatigue of pilots. It is called a neurometer and is a specially designed tuning fork. Tests are made by checking the patients' reactions to the vibrations.

*

The armed forces eat 40,000 gallons of oysters a week and each gallon holds from 150 to 450 oysters.

*

Dr. Walter C. Alvarez has written a new book called "Nervousness, Indigestion, and Pain." It is encouraging for those people who have been labeled "neurotic" because the doctor says that the term may be considered a compliment. Nurses might find it highly interesting in their search for better understanding of these conditions.

*

The National Quinine Pool project closed its books with more than 6,500,000 doses of 10 grains each added to the nation's stockpile.

*

Major C. S. Linton of the Army Medical Corps suggests that sulfathiazole may be a specific cure for trench mouth and the sore throat that accompanies it. There was definite improvement in 24 hours after a sulfathiazole tablet was dissolved on the tongue every two hours during the day and every four hours during the

night. The cure was completed in three days, compared to ten days with other methods.

*

Before the war beeswax was used for lipsticks, cold creams, rouge, and deodorants. Now it is used for waterproofing shells, belts, and machinery.

*

Doctors Aldrich and Dekay of Purdue University's School of Pharmacy are making successful efforts to develop an all-purpose carrier for sulfa drugs in ointment form. Water seems to be essential, and by using glyco monostearate and adjusting the mixture to slight alkalinity, they believe they have found a base that can be used for all the sulfa drugs.

*

The new weapon for "Pistol Packin' Nurses" is an air cooled electric pistol that shoots healing ultraviolet rays on skin surfaces or within cavities of the body.

*

Further reports on the use of caudal analgesia in 10,000 mothers has been made by physicians of the U.S. Public Health Service. Such extensive research gives further evidence as to the value of the method. It provides relief from pain with safety to mother and baby, provided the procedure is supervised by a specially trained person.

*

With the decrease in infantile paralysis, health authorities are now faced with an increase in meningitis.

*

Prophylactic use of sulfadiazine may be the means of stopping meningitis epidemics, according to a report before the American Public Health Association recently. It is believed that prophylaxis will cut down the number of carriers, now so difficult to identify.

A-200 kills Crab, Head Body LICE

and their eggs

McKesson's A-200 Pyrinate not only quickly kills crab, head and body lice—it kills the eggs as well. It's a modern, thorough parasiticide developed by McKesson & Robbins, Inc., in cooperation with Dr. Walter K. Angevine of Washington, D. C. It is backed by 8,000 clinical tests conducted in the District of Columbia jail. Look over its advantages:

1. **Almost immediately effective in killing HEAD, BODY and CRAB LICE—also chiggers (red bugs) and other parasites.**
2. **KILLS THE EGGS (nits) as well as the parasites themselves. Most important.**
3. **Contains no poisonous substances. Has been fed in large doses to experimental animals over considerable periods of time—with no toxic symptoms.**
4. **Non-allergic . . . Non-irritating . . . Non-toxic.**
5. **Ideal for use on children.**
6. **Easily applied and easily removed with soap and warm water.**
7. **Quick—average treatment requires only 15 minutes contact.**
8. **Any stain to clothing easily washes out.**
9. **Economical—one treatment does the job in practically every case.**

At your druggist's, McKesson's A-200 is priced at 45c. Made by McKesson & Robbins, Inc., New York and Bridgeport, Conn. . . . famous for quality since 1833.

McKESSON'S *A-200* PYRINATE

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A PREPARATION carefully compounded of Bismuth Subsalicylate, Salol, Zinc Phenolsulphonate, and Methyl Salicylate in a Demulcent Base.

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the gastro-intestinal mucosa

The common dysfunction, the simple "upset stomach" of over-indulgence or bad choice of foods, may be effectively controlled with PEPTO-BISMOL.

PEPTO-BISMOL helps re-establish the normal gastro-intestinal function by a soothing or demulcent action—by providing carminative action for relief of gastric distress—by helping retard intestinal fermentation—and by controlling simple diarrhea.

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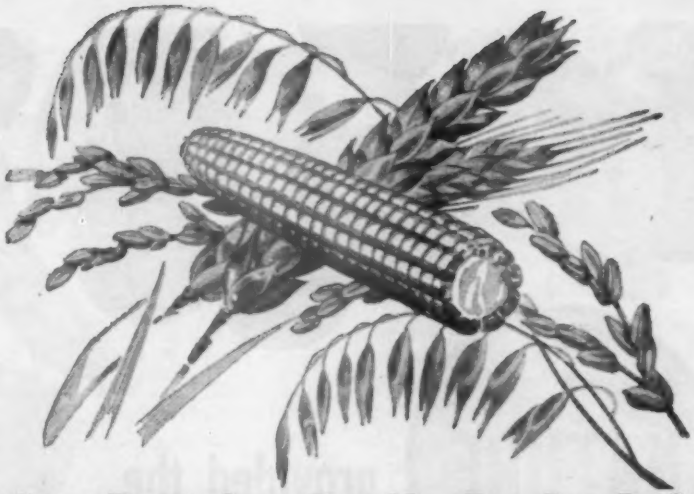

Can Proteins Really Be Graded?

Amino acids, the constituents of protein, are arbitrarily termed "essential" and "nonessential." Essential are the ten which cannot be synthesized in the body; nonessential, those that can be synthesized by combinations of the essential group.

All amino acids are found in protein foods whether of animal or plant origin. But in those of animal origin all the ten essential amino acids are present while the combination of all of them is comparatively rare in plant proteins. Hence these latter often have been termed "inferior proteins" and have been considered less important. Is such grading justified?

The function of the essential amino acids is twofold: a) replace in the tissues the "worn-out" members of their own group and enter the structure of newly formed tissues; b) aid in the synthesis of nonessential amino acids, if these are lacking. Thus the nonessential group is virtually of equal importance, since it spares the essential group from being used for their synthesis.

Hence all protein sources are of importance in human nutrition. This is of special significance so far as cereal-derived foods are concerned.

Cereal breakfast foods contain an average of about ten per cent of protein, their actual contents ranging from 7% to 14%, depending on the grain source. Their protein is highly acceptable to the human organism, contributing its share to growth as well as maintenance.

When one ounce (prepared cereal or its equivalent in cereals to be cooked) is served with four ounces of milk and a teaspoonful of sugar, this palatable dish presents about 7 Gm. of protein, biologically adequate through the contained milk, 33 Gm. of carbohydrate, and 5 Gm. of fat, a total of 205 calories, and appreciable amounts of B-complex vitamins, calcium, iron, and phosphorus.

The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.

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The human body apparently receives most of its vitamin A in the form of carotene (provitamin A)—to produce the *one or more* types of vitamin A required for normal functioning.

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Caritol Capsules SMACO, bottles of 100 (25,000 U.S.P. Units Vitamin A Activity)

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A Break for the Staff Nurse

BY DOROTHY SUTHERLAND

TO COUNTLESS American hospitals, the war has brought capacity business. Their once-empty beds are bulging with patients whose inflated incomes now enable them to command the best of care. The steady spread of hospitalization plans has sent more and more patients for treatment—and more and more money into hospital treasuries. Never before, either, have hospitals enjoyed so much aid from so many sources. Grateful civic leaders are digging deep into Community Chests to compensate them for their increased obligations in maintaining the public health. Retired nurses are helping them cut costs to rock-bottom by working for part-time wages that barely cover their expenses. An army of aides is contributing its services for nothing at all. The charity burden—for which a majority have been awarded ample tax exemptions—has declined to the point where their directorates can proudly boast: "We haven't had a free patient in ages!"

As a result, the nation's fifth biggest industry is basking in the golden light of an unparalleled prosperity. Instances are reported of hospitals disposing of mortgages of $100,000. Fat bonuses are being bestowed upon superintendents lucky enough to get the credit for pulling their respective institutions out of the red. Room rates are being jacked up for no other reason than "people expect it."

There is just one single fly in the hospitals' rich ointment: They can't secure sufficient graduate nurses to attend the hordes of newly-rich clamoring at their gates. The cries of these ladies and gentlemen recently grew so loud and anguished that they penetrated the Albany abode of the New York Nurses' Association, which decided to look into the matter. The Association therefore invited chiefs of the Empire State's nursing services to "submit statements of practices, including salaries, which prevailed in their organizations."

The replies were shocking—even to those who had formerly considered the complaints of staff nurses an occupational ailment. That the Association itself was shocked is clear from the wording of its report. Although its investigators cautiously called the New York Hospital Association's executive committee into consultation before making their findings public, they nevertheless felt impelled to point out that "the nurse is a human being and seeks opportunities for satisfaction in . . . development of self." The implication was sharp enough to satisfy thousands of hospital staff members who have been bravely trying, in the words of Mrs. Walter Lippmann, to be "Florence Nightingales on high-class maid salaries."

Specifically, the inquiry turned up convincing evidence that the hospitals' difficulty in obtaining professional nurses is *not* exclusively due to a de-

sire of R.N.'s to cool the fevered brows of wounded heroes, as has been contended. The war, the survey showed, has merely aggravated "an old problem with deep, underlying roots." That the hospitals' hue-and-cry over nursing "shortages" dates to as far back as 1932 was proven by documents from the Association's private files. That the aforementioned "deep, underlying roots" rest largely in economic soil is suggested by the facts the study produced. In a number of hospitals, it was discovered, full-time R.N.'s were receiving $60 a month, while some laundresses were given $100 a month and meals. One institution, wealthy enough to hand over an occasional extra thousand dollars or two to its superintendent, evidently could afford only the slimmest of stipends for its staff. Married nurses who responded to patriotic appeals for their "valuable" assistance, were rewarded with 52½ cents an hour—out of which they had to provide uniforms, transportation, and maids to mind their children—whereas untrained domestics in the same locale started at 60 to 85 cents per hour.

Not every New York hospital, of course, treats its nurses so harshly. Enlightened administrators were encountered who confessed that their staffs were overworked and underpaid—and who thought that something should be done about it. But the usual tendency was to justify slender pay envelopes on the ground that other expenditures—for food, equipment, and domestic help—were spiraling skyward. The consensus of administrative opinion seemed to be that somebody had to foot the hospitals' mounting bills. Obviously, the buck could not be passed to non-professional employees who could easily move on to greener pastures. Nor did it apparently occur to the administrators that reduction of their own incomes might be in order—though not all were as frank on this subject as the superintendent who indignantly asked: "Are the rest of hospital administrators prepared to make a contribution from salaries? I'm not!" By the simple process of elimination, this leaves the nursing staff as the [*Continued on page 72*]

★ ★
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BATTLEFIELD

Let them chatter about this "man's" war!
You could tell them, if they ever ask,
How you take over when they fight no more
Because of wounds and make this war *your* task.
Your battleground becomes the narrow cot
Of any man the Axis tries to kill,
While you combat the shock, the wound he got,
With all the weapons of your nursing skill.
When patient effort checks the speeding heart
And turns the pallor to a healthy glow,
When you have seen one who was helpless start
Surely and firmly back to life, you know
That in the work which your own hands have done,
You've met the enemy . . . and you have won!

—RUTH ARUNDEL PIERCY, R.N.

"The Doctor's Son"—Symbolic of earliest beginnings, the naive anecdote—the Baby reaches for his Father's stethoscope.

★

The Seven Ages Of The Physician

RN is proud to present this series of paintings by James Chapin depicting "The Seven Ages of the Physician". Reproduced from the permanent collection of Ciba Pharmaceutical Products, Inc., they were painted as a tribute to the medical profession. They form a timeless testament to the sincerity, integrity, and courage of doctors of all lands, and all places, and all times. Mr. Chapin holds an enviable position among the leaders in American art. He is instructor in advanced portraiture and advanced painting at the Philadelphia Academy of Fine Arts and his work is represented in most important museums and private collections throughout the country.

2 "The Dying Hare—a Boy's Dedication to Healing"—The Boy has mortally wounded a Hare. Overcome with remorse, he wishes he could make whole the creature he has destroyed. And so the wish becomes a resolve and a dedication.

3 "Medical Education—the Bedside Lecture"—Medical Students are given preliminary glimpses of the relationship between Doctor and Patient. As yet, however, for them it is a world apart. This has been suggested by the formal device of two perspectives—one plane for the Doctor and Patient in the foreground, and another for the student group.

4 "The Doctor"– Arbiter of birth, healer of the sick and maimed, comforter of the old.

5 "The Doctor in War"– Composed with some of the earlier religious pictures, the "Pietas", in mind. The Doctor and Nurse, ministering Angels, incline above the suffering figure in the foreground. The desperately wounded worker, whose posture suggests crucifixion, is supported by a white and Negro soldier. In the realm of medicine, as in true religion, no racial barriers are recognized.

6 "Research Heroic—The Self-Inoculation"—In the search for new serums to prevent or cure disease, heroic doctors, unwilling to endanger others, have experimented on themselves.

7 "Doctor's Heritage"—From the old and wise to the young and eager, for always new horizons—the Book, the Skull, the Globe and the Test-tube as symbols of Knowledge, the endless battle against Death, the World as province, and in the Test-tube the future of Medicine.

"Ask Miss Torrop"

Q. Is it considered unpatriotic to continue one's education in wartime? Perhaps I could work and study at the same time. There is no future or opportunity for advancement in my present situation.

A. It would seem desirable at any time to prepare oneself to do a better piece of nursing. Have you thought it out carefully and do you know what you want to do? It is no time to waste hours and money. Your idea of doing part-time nursing is perfectly feasible and you should have no difficulty in making a contact with the nearest hospital. By improving your education you would be able to fit yourself for greater service to your country as there is a distinct dearth of qualified instructors and supervisors.

Q. During the past two years I have needed the professional services of two doctors, both of whom have taken good care of me. I have asked them, in vain, for a bill and feel that I cannot continue to accept their services on a free basis. What do you suggest?

A. For many reasons, the physician's disinclination to render a bill to a nurse patient is based on unsound thinking and a false premise. It is highly unlikely that many nurses can reciprocate by offering free nursing service to the doctor or his family.

The nurse, as a professional woman, should pay doctors' as well as druggists' bills. It places her in a most unfavorable light to be the recipient of free service. Too often in the case of a routine physical examination, she gets just about as much as she pays for! If you feel that you cannot urge the matter further, I would send each physician a Government bond in the amount that you feel you could have afforded to pay, remembering that in any case he would have rendered a modest bill.

Q. Do you think it is really necessary to ask private duty nurses to do staff duty in a hospital where they have been specializing? Since the war I have been asked to leave private cases for floor duty. Do you think it is wrong to refuse?

A. I would like to answer your question by calling attention to the fact that many hospitals have been obliged to close some of their pavilions due to the shortage of nurses. Private patients who are convalescent should be willing to release their nurses, so that other persons who may need service more will receive it. If you are in good health, you must find it difficult to justify your refusal.

Q. Somewhere there must be a small book giving information to student nurses about medical and pharmaceutical tables and measurements, and general hints about what is what, how much and how little is little. I saw such a book about ten years ago, but had no use for it then. Now, however, I wish to make a present to a young friend of mine. Can you tell me of such, its title and publisher?

A. The "Reference Handbook for Nurses" by Amanda Beck, R.N., and Lyla M. Olson, R.N. seems to answer the description you give and would make a very nice gift. It is published by W. B. Saunders Co., Philadelphia, Pa., and sells for $1.60—unless the price has been changed since we inquired. There is also a pamphlet titled "Solutions—How to Prepare and Use Them" containing tables and measurements. This is put out by the Lakeside Publishing Co., 468 Fourth Avenue, New York.

Bacillary Dysentery-

A FAMILIAR WAR PROBLEM

HIPPOCRATES applied the name diarrhea to frequent passage of liquid stools and dysentery to passage of bloody stools. Then Galen gave dysentery its present meaning by including tenesmus and passage of stool containing mucus. We now know it as an infectious disease, caused by *Bacillus dysenteriae,* with inflammation of the colon, abdominal pain, tenesmus, and frequent passage of stools containing mucus, pus, and blood. Several strains of the bacilli are generally recognized, namely Shiga, Flexner, Schmitz, and Sonne. The first named is most severe.

Ten years ago about 600 cases were reported to public health departments, but in 1941 there were over 24,000. However, the death rate has steadily declined in all parts of the country, and many authorities feel that methods of detection and treatment have improved with study and research. It is also true that as reported cases of dysentery increase, the number of "unclassified" cases of diarrhea, enteritis, and dysentery decline.

Bacillary dysentery occurs all over the world but propagation is more favorable in the tropics and subtropics. It is no respecter of age but is most common in men between twenty and thirty and children under two. It follows armies; therefore medical authorities of all service branches and civilian health officials must be on constant guard. Predisposing factors to the disease are bad sanitation, conditions which lower resistance such as chilling, tropical heat, want and privation, physical over-exertion, and irritation of the intestines by rough or indigestible foods. Flies are carriers; inasmuch as the bacilli can live for many days in their intestines, they become sources of food contamination. Contamination of water supply is also a means of spread. Crowding together of many people in camps, jails, or other institutions may also be added to the list of general contributing causes.

Symptoms. Lesions in the lymphoid follicles of the colon occur first and then the mucous membrane becomes inflamed, the enlarged follicles stand out against the red background and inflammation progresses to such an extent that the mucous layer becomes coagulated and changes to a false membrane. The submucosa is edematous, ulcers or cysts may form and there may be acute changes over the full length of the colon with resulting scarring. At times the bacilli invade the blood stream; there may be involvement of the myocardium, adrenals, hemorrhages into the medulla, and edema of the brain.

Bacillary dysentery is an inflammation of the intestinal mucosa. The authority, Manson-Bahr, classifies bacillary dysenteries as mild, acute, toxic or fulminating, relapsing, and chronic. Symptoms vary with severity. The mild type is a diarrhea al-

though the stools usually contain mucus. The acute, which varies in intensity, has a sudden onset, extreme griping pains in the abdomen followed by diarrhea. Symptoms increase and mucus early appears in the stools. There is a tendency to straining and tenesmus because of a severe rectal irritation. The temperature rises, there is headache, vomiting, toxemia, malaise or drowsiness. Symptoms may resemble those of appendicitis.

The toxic or fulminating type can be divided into two classes—choleraic and gangrenous—and both have sudden onset and severe toxemic symptoms. The first type shows vomiting, excessive loss of fluid and absorption of toxins may resemble cholera. The gangrenous type is also sudden with headache, pyrexia, vomiting, and all other symptoms found in severe toxemias. Abdominal pain and tenesmus decrease as toxemia increases. Because of complete necrosis of the mucous membrane there is no evidence of mucus in the last stages.

Relapsing or chronic bacillary dysentery may occur when treatment is not adequate at the first attack or when the patient is allowed to return to normal diet and activity too soon.

It may last for many years, with ultimate death from exhaustion, or in other cases it may slowly disappear.

Diagnosis is first made by the appearance of cellular exudate as seen through the microscope. This is confirmed by fresh stool examination or by a swab of the rectum taken through a proctoscope.

Complications that may follow any of these cases are arthritis, anemia, conjunctivitis, iridocyclitis, parotitis, toxic myocarditis, neuritis, edema and stenosis of the colon, and chronic ulcerative colitis, after disappearance of the original dysentery organism.

Treatment. Rest in bed is a "must;" every effort must be made to conserve the strength of the patient. Nursing care is difficult but more essential than in many other diseases. Great care should be taken that the patient does not resume normal activities too soon after the attack.

Castor oil is used to empty the bowel and remove any indigestible matter, although its use when overactive emptying already exists is frowned on by many authorities. Diet is most important and should be low in residue, high in fluids (3,000 c.c. or more per day and maintenance of 1,500 c.c. urine every 24 hours). Food should be served warm or at body temperature. Milk is not advisable in the acute stage but liquids such as albumin water, clear tea sweetened with lactose, thin gruels of arrowroot, rice water, and jellies are excellent. The so-called RBT diet (rice-banana-tea) is particularly useful. As the acute stage recedes, smooth cereals may be added; when the mucus has disappeared from the stools milk may be added together with eggs, crackers, custards, milk puddings, and butter. Still later fruit juices, fish, chicken, and mashed potatoes are added. It is important to remember that the return to normal diet must be slow—very slow. Vitamins during convalescence help to combat nutritional polyneuritis and pellagra which are common sequelae. They also supply much needed essentials after febrile conditions, interference with absorption, and necessary restriction of diet.

Specific treatment attempts to neu-

tralize the toxins of the bacteria and to prevent their absorption. There is some difference of opinion but many physicians give sodium or magnesium sulfate in saturated solution at intervals until free watery stools are passed. When dehydration threatens an ample amount of fluids are given with the drug. As the acute symptoms recede the colon is kept empty and clean with salines or colonic lavage; some physicians, however, believe this latter treatment is unnecessary and overly harsh.

In the fulminating type care should be taken that the patient is kept warm; intravenous injections of normal saline are given to prevent collapse. In the choleraic type, saline and calcium salts are given intravenously. In the more serious types a serum is sometimes successful if administered as early as possible. At first a polyvalent type is used; later the specific, if the organism can be typed. Serotherapy helps to neutralize circulating toxins, although some serum disease may follow for a time.

Some cases may require surgical intervention when ulceration of the colon progresses to such a height that it cannot be reached by antiseptic solution or when the condition is so

OCCUPATIONAL DISEASES QUIZ

(Test your knowledge of occupational diseases by answering "True" or "False" to the following questions. Correct answers are listed on page 62.)

1. Fifty years ago an injured employee had to prove that his injury was caused by the negligence of his employer.
2. Today an employee is entitled to workmen's compensation only, if his injury is due to his employer's fault.
3. Workmen's compensation covers all diseases as well as injuries.
4. Industrial hygiene concerns itself with non-occupational diseases as well as with occupational diseases.
5. Duration of physiological stimuli is more important causative factor of fatigue than is the intensity of the stimuli.
6. Women workers are more easily fatigued than men because they are weaker.
7. White blood cell counts, visual acuity, and tremor all increase with fatigue.
8. Maintenance of workers health by hygienic working environment is most important factor in reduction of fatigue.
9. Dermatitis is the most common cause of occupational diseases.
10. Brunettes are most sensitive to occupational dermatitis.
11. Frequent scrubbing of hands is the best preventative of dermatitis.
12. The pre-placement health audit is the best means of preventing secondary or sensitization occupational dermititis.

severe that absolute rest of the colon is indicated. Cecostomy or ilecstomy may be necessary, and later continuity of the bowel established by another operation.

True specific treatment consists of the use of sulfa drugs. Sulfaguanidine and succinyl sulfathiazole (sulfasuxdine) are used most extensively and reports are now at hand showing their efficacy. Treatment should be within five days of onset. Most important of the reactions is reduction of the number of stools to one to three daily and rapid disappearance of blood from feces with more gradual decrease in amount of mucus. While sulfaguanidine is not as effective in chronic cases, the number of carriers is reduced when used in the acute condition. It is believed that the tendency to become carriers is greater in the mild cases. Sulfathallidine, a non-toxic sulfonamide which can, unlike the above, be given also by vein, and which is excreted into the intestine through the bile, will probably prove to be the outstanding antiseptic in dysentery.

Sulfathiazole is used successfully in children but it seems to cause a higher incidence of drug fever, dermatitis, and renal complications. Sulfadiazine has a low toxicity and is used to some extent. It should be given with 15 Gm. sodium bicarb in an adult, to maintain a urinary pH of 7.0 or over, to prevent renal complications. Vaccines are of doubtful value, except in chronic cases.

Colic or tenesmus is relieved by hot water bag and fomentation or turpentine stupe applied to the abdomen. If very severe, morphine may be indicated. Even in hot weather the abdomen should be kept warm.

Sodium bicarbonate may be used to combat acidosis, especially in children. Cramps, caused by salt deprivation as a result of excessive and persistent vomiting and watery diarrhea, may demand the addition of small amounts of table salt to all drinks.

Prophylaxis. Obviously the best manner of preventing bacillary dysentery is to insure cleanliness. The three F's—food, fingers, and flies—are the only methods of transmission. Disposal of excreta is paramount and water supplies must be tested and guarded. Food handlers should be watched and tested regularly and all foods protected from inside and outside sources of contamination. In some areas sterilization of food and water by boiling is required. All kitchens and eating rooms should be screened and both flies and rodents destroyed. The elementary rule of personal hygiene, to wash hands with soap and water immediately after bowel evacuation, especially before preparing or eating food, should be scrupulously observed. At the first sign of diarrhea, treatment should be instituted.

Vaccines of the dysentery bacilli are so toxic that mass immunization has not been possible. Toxoids, likewise have not been successful. In danger zones sulfonamides are now being tried prophylactically. There is evidence that the German army in North Africa was using bacteriophage prophylactically. There is also evidence that this is one of the potent therapeutic agents.

While bacillary dysentery is both prevalent and serious and has a tendency to increase in time of war, it can, by intelligent study and care, be held to a very minimum. It is an unfinished piece of business and will be until all physicians, health officers, and nurses assure every person the proper education and sanitary help. Then bacillary dysentery can be wiped out.

[*Send stamped, addressed envelope for a bibliography on the facts discussed in this article.*—THE EDITORS.]

Bringing Britain's Babies

BY PHYLLIS LOVELL

SOME 400,000 of the 600,000 babies born in Britain every year are delivered by a State Certified Midwife and, unless there is some abnormality, without the attendance of a doctor.

A large proportion of these births take place in the home of the mother. Many hospitals were destroyed or damaged during air raids; others are taxed heavily caring for war casualties. So, with a rising birthrate and a shortage of hospital beds, the Domiciliary Midwifery Service is being required to assume a heavier burden than ever before.

Britain's midwives however, are cheerfully handling any additional work demanded of them. Already, the steeply declining infant mortality rate —last year's was the lowest ever recorded—is in part due to their pre- and post-natal care. The maternal mortality rate last year was also the lowest on record.

These devoted and highly skilled women, many of whom have had general hospital training as well as specialized training in midwifery, should win the interest of American nurses for the part they have played in wartime Britain. Little publicized, they go about their work without ostentation. Their presence at the time of family crisis, even during air raids, is taken for granted, but their absence would be a major catastrophe.

Bringing Britain's wartime babies to first light of day has been no easy task for the midwife. But falling bombs and burning houses have been of less importance to her than the need for carrying on with her work. She has crawled through debris and glass to reach her patients. She has opened a door to find part of the house and staircase shattered and, with the help of a warden, carried mother and newborn baby in a perambulator over rubble to a place of safety. She has shielded a mother and baby with her own body while bricks, tiles, and burning wood showered down on her. She has attended births in shelters, under tables, in cellars, and even in a hen house.

These are authenticated instances, but they are hard to find. The midwife prefers to talk of her babies and mothers. Her case report, which is prepared immediately after a confinement, no matter the hour or circumstances, may state that Baby Smith was born at No. 12 Suburban Row without mentioning that the roof and top story of the house disappeared at the same time. To her, she is simply out on a job, and anything that is necessary to help "her" mother, like dealing with a fire-bomb, is part of that job.

Even before her report, before a meal or a rest, she repacks her regulation Delivery Bag, with its clean, detachable linen lining, its bowls, thermometers, Spencer-Wells forceps, sterile gowns, swabs, and masks. All

must be ready for the next case. Her Daily Visiting Bag, which also provides for an emergency birth, must be ready too. There is no record of a midwife ever having failed one of her mothers.

A government committee known as the Midwives' Salaries Committee, under the Chairmanship of Lord Rushcliffe, recently sat to consider the pay and working conditions of midwives. The committee's report, which has been accepted by the government, provides many improvements and makes the calling more attractive from the material point of view, a development which is both deserved and needed.

Until 1881, midwives had no established basis in Britain, and their art was one that had been learned empirically and handed down from mother to daughter. Too many before then, unfortunately, were like the "Sairy Gamp" immortalized by Dickens.

In that year, the present College of Midwives, then known as the "Midwives' Institute," was formed with the object of raising the status of midwifery and of making it a closed profession, to be entered only by training and the taking of a Diploma. The Institute also raised funds for scholarships to help entrants during their training, and agitated for a Midwives' Act, which became law in 1902. This Act brought the profession under State supervision, as part of the health services, and set up the Central Midwives' Board as the organization supervising their training and practice.

Today every midwife must be State certified. She has become a qualified and important unit in the State social services. The roll of the Central Midwives Board contains 65,000 names. Of these, about 16,000 are practicing as midwives. Many of them not practicing as midwives are hospital nurses who have taken the midwifery training in addition to their general training as an extra qualification, and who have returned to general nursing. Some 4,300 are working in hospitals or nursing homes as midwives.

A good standard of education and character is necessary for entrants to the midwifery training. The course takes a year for entrants who are already trained general hospital nurses, and two years for those who have not this qualification. Training comprises theoretical, practical, and clinical instruction and attendance on, and nursing of, cases. Before qualifying, both classes of candidates must have attended and taken full responsibility for the ante-natal care, labor, and lying-in of not less than twenty women. At least ten of the confinements and nursing of mother and child during the fourteen days immediately following labor must have been attended in the patients' own homes.

During training, a small salary is paid to the pupil midwife who receives also board, lodging, and laundry. Under the recommendations of the Rushcliffe Committee, which are

R.N. TO M.D.

Cardiac symptoms, I fear,
  Are prevalent when you are near.
Dyspnea, palpitation;
  Asthenic sensation.
Have you an Rx amori, my dear?

—RITA LOWELL, R.N.

retrospective from April of this year, a State Registered Nurse receives £65 a year during training, and a pupil who is not a State Registered Nurse receives £40 in the first year and £45 during the succeeding six-months, rising to £60 during the second period of training. All training must be taken in training schools approved for the purpose by the Central Midwives' Board. There are 91 of these schools for Part I of the course and 73 for Part II.

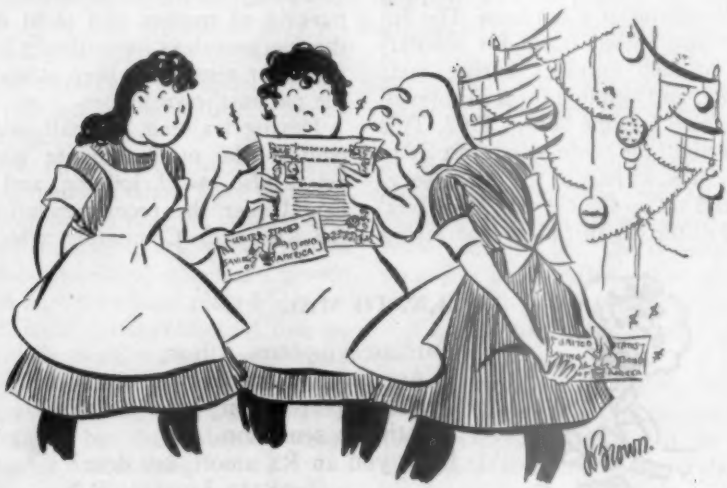
The Central Midwives' Board, the statutory body set up by the Midwives' Act of 1902, examines entrants and supervises the practice of midwives. It is composed of members drawn from every organization which has an interest in the service, either from the medical or administrative side. These are the Royal College of Surgeons; the Queen's Institute of District Nursing; the Ministry of Health; the Society of the Medical Officers of Health; the College of Midwives; the Association of County Councils; and the Association of Municipal Corporations.

The majority of midwives are engaged in the Domiciliary service; of these there are 10,900 practicing. They work under the local supervising authority of the area and include the municipal midwife of the urban districts and the district-nurse-midwife of the rural areas, a busy woman who combines general health work with midwifery, and often has in her charge a scattered farmworker population stretching over miles, and numbering hundreds of people.

Midwives often work in groups, each midwife booking an average of 60 to 80 cases a year, although in rural areas the number is much less. This allows for vacations, leisure time, and the possible sickness of a midwife. Now, in war, there is less off-time.

The expectant mother, attending the Ante-Natal Clinic, is examined periodically by the doctor. During the pregnancy she is visited at regular intervals in [*Continued on page* 82]

Probie



"We must all be psychic"

New Compression Dressing

BY ALLEN KLEIN, PHAR. D.

SELDOM DOES the conservative *Journal of the American Medical Association* editorially applaud and recommend a relatively new technique of therapy as it recently did in the matter of early utilization of simple sterile compression dressings on severe burns and other large surface wounds. "This work," state the editors, speaking of the report of Colonel John L. Gallagher, Medical Corps, Army of the United States, "will have far reaching effects on first aid in civilian as well as military life . . . Compression dressings may become standard equipment for all first aid kits. The proper application of these dressings should be made familiar to the police in squad cars, nurses' aides, street car and bus motormen and conductors, firemen, workers in industry and many others." With the *Journal* devoting a feature article on the subject for the benefit of physicians, the details should also be of interest to the nurse.

Dr. Gallagher emphasizes a fact which has been stressed thousands of times but which is still so often overlooked: prompt first aid treatment after injury could get the patient to the hospital in good physical condition instead of in severe or irreversible shock. Many patients, he says, arrive practically bled to death from an otherwise minor wound. He believes that good prehospital treatment of the injured can save numerous lives. For this purpose he has devised a new type of dressing for first application to wounds; these dressings have effectively eliminated several of the causes of shock and started the patient on a safe course of treatment.

The advantages of Dr. Gallagher's compression bandages are best summed up in his own words:

1. They control hemorrhage from the wound and thus the use of the tourniquet with its hazards, tedious timing, and releasing is avoided; more important, they control hemorrhage from wounds where the tourniquet is not applicable.

2. They insure ease and rapidity of aseptic application of primary adequate dressings by the nonprofessional attendant.

3. They facilitate application of dressings to dependent parts, as the under surface of the arm, the groin, or the under surface of the chin.

4. They bring a splinting effect to the wound and its immediate area.

5. By pressure, they prolong viability of tissue through aiding return circulation from the wound.

6. They obliterate spaces and crevices in wounds by this compression.

7. By their sterile bulk they form a barrier against contamination.

8. They create a safety factor in that they may remain as originally applied without [*Continued on page* 66]

PART 2 - *Public Health Nursing and the War*

"ARE THE public health nursing services of today giving the people what they want and need?"

Emilie Sargent, executive director of the Detroit Visiting Nurse Association, asked this question during the convention of the American Public Health Association this fall. By posing it, she put her finger on the basic concern of all visiting nurse services for the duration of the war and immediately thereafter.

The war has placed additional burdens on public health agencies. Nursing services have been especially hard hit. Not only have they been required to adjust to increasing case loads, but also they have had to expand their services to cover new community needs—and this in face of loss of personnel to the armed forces. Public health nurses eligible for military duty are rated "essential" until they have been replaced. But replacement has not been easy, and many agencies have released staff nurses to the Army and Navy because the desire of the young women was so strongly directed toward the military.

How, in the face of such obstacles, can a visiting nurse service possibly give the public what it needs and wants? The program of the Detroit V.N.A. is a good example. Despite a reduced staff, the organization has analyzed the community needs, launched new services, expanded old ones, spread the visits of its nurses over new and thickly populated sections of the Detroit metropolitan area. Here are two specific instances: The association has upped its maternity service about 20 per cent, particularly home deliveries. It has also continued the program of its curative workshop at a time when many organizations have discontinued all but straight nursing activities.

The V.N.A.'s maternity service starts with prenatal instruction, runs through home delivery, and follows up with care and home teaching after the baby arrives. Most interesting is the home delivery service—more in demand now than ever before, partly because of crowded hospital conditions. Since October 1942, the V.N.A. has absorbed the home delivery service of the City Physicians Office; V.N.A. nurses deliver the child, the C.P.O. pays the bill. This work is an added responsibility for the nurse since no doctor sees the patient before she reaches the home.

Although it is not usual for a visiting nurse association to provide physical and occupational therapy service, the Detroit group does—and has sustained this program through two years of war. Says Miss Sargent, "In preparation for the future and for the returning soldiers, public health nursing practice must give more attention to rehabilitation and the place of occupational therapy in functional disorders." Her views are echoed by military and civilian medical men who visualize vast opportunities in the postwar reconstruction period for public health agencies to share in rehabilitation work. Toward this end, the integration of orthopedic nursing into the nursing services has been part of the V.N.A.'s program of staff education during the past year.

How these services operate to fill community needs is told on the following pages. Whatever form of national health program is developed for the postwar period, it is certain that more and more visiting nurse services of this type will be required—D.S.

Detroit V.N.A. nurses know their families intimately. On maternity service, the nurse considers the effect of the new baby on the whole family, not just the mother, and directs her prenatal and postnatal education accordingly. In a war production area like Detroit, homelife has undergone vast changes. Family routine has been interrupted by the employment of male members on graveyard and swing shifts; many mothers are working. Pregnancies have increased heavily among wives of war workers. Into this intensified situation the public health nurse must bring the benefit of her health teaching. Antepartum care is supplemented by advice on how to organize the household for the approaching confinement.

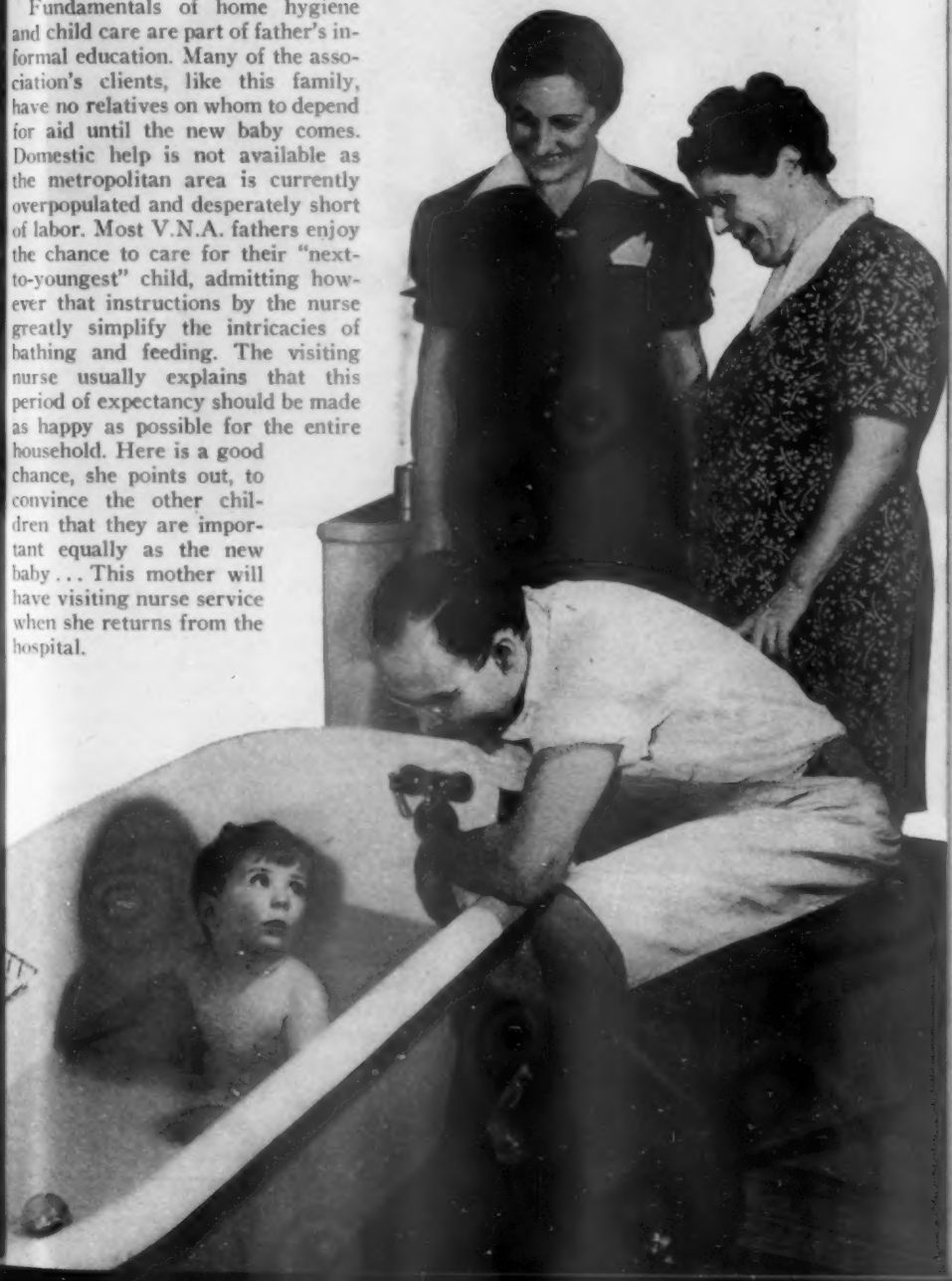
The mother shown in these pictures is going to the hospital to have her baby. Her husband is employed on a day shift in a local war plant, will take a week off to care for their two-year old son while his wife is hospitalized. A large portion of V.N.A. clients, however, depend on the visiting nurse for delivery service. Last year the association made over 1,500 home deliveries.

Preparation for this highly responsible work is obtained through affiliation with Woman's Hospital where nurses refresh on techniques, learn new methods such as caudal analgesia. V.N.A. "delivery nurses" on afternoon and evening duty are on call at the hospital.

☆

Fathers are included in the home teaching during late pregnancies. If, as in the case of this family, the father plans to manage the house until baby arrives, he learns elements of family nutrition, methods of caring for his other children.

Fundamentals of home hygiene and child care are part of father's informal education. Many of the association's clients, like this family, have no relatives on whom to depend for aid until the new baby comes. Domestic help is not available as the metropolitan area is currently overpopulated and desperately short of labor. Most V.N.A. fathers enjoy the chance to care for their "next-to-youngest" child, admitting however that instructions by the nurse greatly simplify the intricacies of bathing and feeding. The visiting nurse usually explains that this period of expectancy should be made as happy as possible for the entire household. Here is a good chance, she points out, to convince the other children that they are important equally as the new baby . . . This mother will have visiting nurse service when she returns from the hospital.



Routine home care is still the basic function of the public health nurse. Many Detroit families depend on her to change dressings daily, for morning care, for medications and hypodermics. Many also depend on the V.N.A.'s orthopedic nurses for treatment of highly specialized conditions like poliomyelitis. According to N.O.P.H.N., an orthopedic nurse is a public health nurse with physical therapy training. In her capable hands lies responsibility for difficult cases such as peripheral nerve injuries, complicated fractures, or painful joints or muscles in spasm. She is probably a registered physical therapy technician as well as an R.N., and her highly specialized knowledge will plany an important part in postwar rehabilitation.

All Detroit V.N.A. nurses are trained to spot potential orthopedic disabilities. Whether a staff nurse stays on the case or an orthopedic nurse is assigned depends on the severity of condition of the joints and muscles. On polio cases, the Kenny Method is used. (Photo upper right.) With epidemics threatened in several areas of the U.S., public health nurses are warned to be on the lookout for early symptoms, especially muscle spasm. Louise Suchomel, supervisor of the association's orthopedic nursing field service, now teaches the Kenny Method of hot packing to communicable disease nurses at Herman Kiefer Hospital in Detroit. When muscle spasm subsides, reeducation of the disordered neuromuscular system is begun. [*Turn the page*]

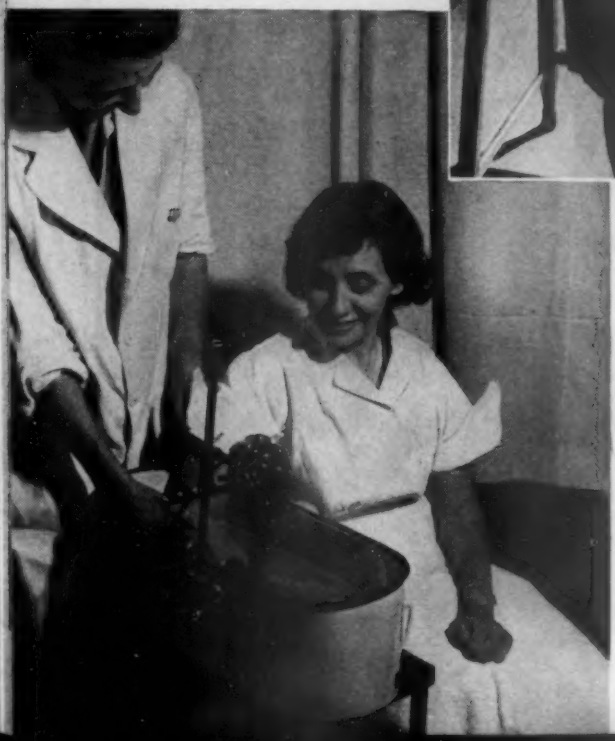
PUBLIC HEALTH NURSING (con't.)

PUBLIC HEALTH

NURSING (cont'd.)

Only 30 per cent of all visiting nurse associations provide home care for patients needing physical therapy. Not more than a dozen also provide occupational therapy by means of a curative workshop. The Detroit association is one of the rare nursing services providing both.

Field studies have shown that clinic care in Detroit is insufficient; without the V.N.A.'s curative workshop many ambulatory patients needing O.T. would be unable to receive it. After the war, private agency services like this will undoubtedly be called upon to help aid returning soldiers.



The Curative Workshop is well equipped with occupational and other therapeutic devices. Patients relearn walking by means of a wooden walker and mirror to gain better balance. Portable whirlpool baths treat stiffness of arms or legs after fractures. Heat, light, exercise, massage and muscle reeducation are other phases. Arthritics, hemiplegias are among those treated, all under medical direction, but often on the nurse's recommendation.

Every staff nurse is taught the prevention, recognition, and handling of orthopedic defects. Orthopedic field nurses are the case finders, receiving consultation and supervision on actual treatment from the physical therapists. By providing early physical therapy required along with bedside care during acute illness, these nurses have avoided for their patients serious muscular involvements. Since the war, home P.T. care by the public health nurse has increased. Formerly the visiting nurse could instruct members of the family in simple techniques. Now often every member capable of working is employed in a factory; the invalid at home is therefore dependent on the nurse's visits for whatever corrective physical therapy the conditon demands. Six visits a day are average.

At the workshop, the caseload is limited by space available to some 60 cases a month. When the project was launched in 1934 the V.N.A. hoped the community would be impressed and take it on as a separate agency later. Although its facilities are widely used, this early hope has never been realized.

On hand for patients needing them are shoulder wheel and floor loom, shown here, for strengthening muscles of legs and arms. [*Turn the page*]

Many workshop patients have suffered industrial accidents, are referred to V.N.A. by insurance companies. Others are regaining muscle coordination lost through a wide variety of disabling conditions. Patient with head injury (above) does Oriental rug knot tying to regain finger control.

☆

To bring patients needing occupational therapy into the workshop, the V.N.A. has enlisted the cooperation of the local Red Cross Volunteer Motor Corps. Cars call for patients, deliver them to the occupational therapist in charge of the workshop, and take them home afterwards.

[*Concluded next month*]

PUBLIC HEALTH NURSING (con't.)

Photos for R.N. *by Joe Clark*

News of the Month

REHABILITATION

Impressive from both psychological and physical aspects is the current Army program for salvaging of the sick, wounded, and maimed soldiers of this war. Major General David N. W. Grant told about it in detail at a meeting of the hygiene section of the American Public Health Association, held in New York recently.

The program was started almost a year ago, so there has been time to compute the results, which were all to the good. The effort is to return the soldier to civil life, or to his unit, mentally adjusted and as physically fit as possible. Physical conditioning is accomplished through a series of systematic exercises adapted gradually to the increasing ability of the patient to take them. For instance, pneumonia patients are started with deep breathing and chest exercises almost as soon as their temperature is normal, and physical exercises in very mild form are given bed patients two days after surgery, to prevent muscles getting flabby.

Occupational therapy is also instituted early, giving the patient mental re-education as well as manual occupation. He is encouraged to learn new languages, which are taught with a basic vocabulary for thirty languages and dialects, 150 words of which can be mastered in seven hours. Lectures on arctic and tropical medicine and sanitation are popular, because they give the men a knowledge of symptoms, cause, prevention, and treatment of various diseases prevalent in the tropics and this allays the fears of the men going to that war theatre. Instruction is also given the convalescent on how to take care of himself in the colder regions.

To meet the need of radio and signal men to keep up their speed in sending and receiving messages, the wards are blacked out each day and the men send messages to each other both by telegraph keys and blinker.

The strong emphasis already being placed on rehabilitation points to increasing after-the-war opportunities for nurses, and the wise nurse will prepare now to meet this chance. Many schools and colleges are giving courses in these subjects, and most nurses already have the basic qualifications required for enrollment.

CHILEAN FIRST

While American medical men argue socialization of medicine in the U.S., one of our neighbors to the south, Chile, has been patting itself on the back for having been the first nation on the continent to establish complete health service for all its people.

Just after the first world war the State put the health of Chileans under its own supervision. Previously, hospitals were dependent for support on private philanthropy, and used primarily for the care of the poor. Now under government control, hospital services are available to everyone. Completely reorganized and put on

an up-to-date basis, hospitals established out-patient departments and sanatoria that have served as examples to other nations below the Border. (This is for the care of the sick only. Rehabilitation and accident prevention are still far behind what health service men would like to see instituted. But they are hopeful that it will come soon.)

The system is financed by a three way insurance divided among the employer, worker, and the government. Pensions start at 55 years and under the law more than a quarter of the citizens are receiving benefits. Chief effect of the plan (the aspect which frightens doctors in the U.S.) has been the almost total displacement of the private practice of medicine in Chile.

Medical and nursing personnel in Chile receive salaries from one institution or another, all under state control. As the health education program is planned for expansion, more and more Chilean nurses will be required by these government hospitals. Preventive measures, which call for examination on the appearance of early symptoms of disease, also call for additional nurses, especially those with laboratory and technical experience in X-ray and electrocardiography.

Entire families come under the supervision of the State from cradle to grave. During every pregnancy mothers are given complete care, as are their infants until they are two years of age, or until full health is established.

NUTRITION

Educators and writers in the medical field urge industrial nurses to teach nutrition to civilian rationees. Writes *Industrial Nursing:* "If there is no better qualified person in the organization who is assuming the responsi-

7 ways TO GIVE INFANTS AND CHILDREN THEIR DAILY VITAMIN REQUIREMENTS

1. FORMULA—one of the easiest ways to give vitamins is to add Vi-Penta Drops to the baby's formula or milk.

2. ORANGE JUICE, tomato juice, or any fruit juice makes an excellent vehicle for Vi-Penta Drops.

3. MILK. The flavor of even such a bland food as milk is not affected by the addition of Vi-Penta Drops.

4. CEREALS are good bases to which to add the child's needed additional vitamins at breakfast time.

5. VEGETABLES, served with the noon or evening meal, can be enriched with Vi-Penta Drops, too.

6. FRUITS. Vi-Penta Drops seem to have a natural affinity for stewed fruits—apricots, apples, prunes, etc.

7. DESSERTS. Many mothers enrich desserts and puddings with Vi-Penta Drops.

. . . using easy-to-use Vi-Penta Drops that do not affect the flavor of food

Here is a remarkable liquid multivitamin preparation which makes it possible for the physician to prescribe a liberal vitamin regime that the mother can easily carry out. Not only do Vi-Penta Drops contain 5 principal vitamins (see chart), but these drops also possess the remarkable advantage of mixing readily with various foods, *without affecting the taste.* When you prescribe Vi-Penta Drops, suggest their use in the several ways pictured here. Mothers will appreciate the information.

Supplied in 15-cc glass vials with calibrated droppers. Also 60-cc unit package containing four 15-cc vials.

Vi-Penta Perles—tiny gelatin globules, each containing the same amount of the vitamins as 10 minims of the Drops. Supplied in packages of 25, 100, and 250.

VI-PENTA DROPS *'Roche'*

Hoffmann-La Roche, Inc., Nutley, N. J.

10 minims of Vi-Penta Drops contain:	A	B_1	B_2	C	D
	4000 U.S.P. units	333 U.S.P. units	100 gamma riboflavin	500 U.S.P. units	400 U.S.P. units

bility for what the workers eat, the nurse has a moral responsibility to interest herself in it. As a matter of fact, workers and many employers believe that every nurse is an expert on nutrition and look to her for guidance." The State of Virginia has introduced an industrial nutrition program, under the State Health Department, reaching an estimated 150,000 workers, according to their director of Health Education in *Hospital Management*. Ninth edition of "Nutrition in Health and Disease," by Lenna F. Cooper, Edith Barber, and Helen Mitchell, published this fall, brings up-to-date facts of wartime nutrition and vitamin research.

CANADIAN MEDICINE

Nurses watching the progress of the Wagner-Murray-Dingell Bill, will be interested in what is being done in Canada along the same lines. Canada's new health bill, providing for the adoption of a public health and insurance plan for the Dominion, is now going through the usual parliamentary procedure prior to its acceptance by the Government.

The matter of public health was forced on the attention of the Dominion when it was found that 40 per cent of army recruits were suffering from some physical defect. A further survey disclosed that in one province alone, 70 per cent of the young people between the ages of 13 and 30 had one or more remediable physical defects. Infant and maternal mortality was appallingly high, and the incidence of tuberculosis, venereal, and mental diseases excessive.

It was found that the depression, with its trail of malnutrition, lack of funds for medical attention (until in


NURSE, WHAT BABY OIL DO YOU RECOMMEND ?
THERE'S ONLY ONE WELL-KNOWN BABY OIL THAT'S ANTISEPTIC . . . THAT'S WHY WE RECOMMEND MENNEN.
AND HERE'S THE MENNEN CHART ABOUT CARE OF BABY'S SKIN.

many cases the course of the disease made treatment ineffective), and the general lack of interest by the persons themselves, made recovery problematical.

The shock of the findings brought health leaders into action immediately and the new bill calls for drastic change and an educational program that will make the people more clearly aware of the situation. The bill is sponsored by the General Council of the Canadian Medical Association, one of the most influential bodies in the Dominion which, for the first time in 75 years, called a special session before its yearly convention to pass a resolution favoring the adoption of the new Complete Health Service Bill. Here in America, the American Medical Association is fighting the Wagner-Murray-Dingell Bill.

Under this new Canadian proposal, the doctor will have the responsibility for the health of every member of the family and for public health measures designed to reduce disease and death in his community. Diagnostic and curative procedures under local practitioners will include medical, surgical, dental, pharmaceutical, hospital, and nursing benefits. The benefits comprise the services of consultant, specialist, surgeon, obstetrician, and dentist. (It is pointed out, however, that this latter service must necessarily be restricted, as the number of dentists in Canada is insufficient to meet the need.)

To take care of the lack of trained assistants there is also provided in the bill a grant for professional training, to finance doctors, nurses, and others who wish to take university courses leading to degrees in public health. A research grant is available to enable any province to carry out special health studies, such as (for example) a study of the cause of the

high incidence of tuberculosis in the Maritime Provinces and Quebec. There is also a Crippled Children Grant to investigate the causes and means of prevention of crippling conditions in youth.

The bill has been approved by the Special Committee on Social Security of the House of Parliament, the Ministers of Health of the Provinces, and now goes before the Provincial Governments, which are expected to pass it, at which time it will become operative.

Under the law nursing care will be provided by a Provincial Health Insurance Commission in cooperation with a Provincial Nursing Committee, and may be applied to hospital or home care as necessary.

STANDING ORDERS

Assistance to nurses in formulating industrial standing orders was furnished by the *Journal of the American Medical Association*, recently. Introduction to the three-page report states: "Standing orders cannot be written to meet every situation likely to arise in industry. They must be modified to meet specific requirements and in accordance with the training and professional competence by the assisting personnel." Prepared by the Council on Industrial Health, the orders describe routine and emergency procedures, relationships to specific illnesses and injuries; also list equipment and references.

Earlier this year, "A Suggested Outline of Policies, Standing Orders and Daily Routine for Industrial Nurses," published by *The Mississippi Doctor* was made available in pamphlet form. Prepared by Dr. Wayne Ritter and Pearl H. Walden, R.N., Industrial Hygiene nurse, the orders urge preparation of individual manuals in various plants to record new tech-

M. BURNEICE LARSON, *Director*

A Courageous Christmas to you and a Hopeful one! It *is* hopeful, too. In more ways than one. Never have professional plums been so plentiful and so ready to be claimed by the right RN's. And you're right for one of them—never doubt it.

Let us prove it. First, send for our analysis sheet so we can tabulate your qualifications. Then watch for the mailman. We will be sending you a confidential survey of the outstanding opportunities in your phase of nursing. Let us know your preferences and we will handle negotiations with a minimum of effort on your part.

It doesn't matter where you live or where you wish to locate—our service is nationwide. Incidentally, requests mailed before the holidays will probably reach us more promptly . . .

M. BURNEICE LARSON

Director, THE MEDICAL BUREAU

Palmolive Building ***Chicago***

niques and relationships.

"Standardized Treatment," prepared by industrial physicians as a pattern for any nurse whose physician gives them his formal approval, appears in August and September issues of the National Safety Council nursing news letter.

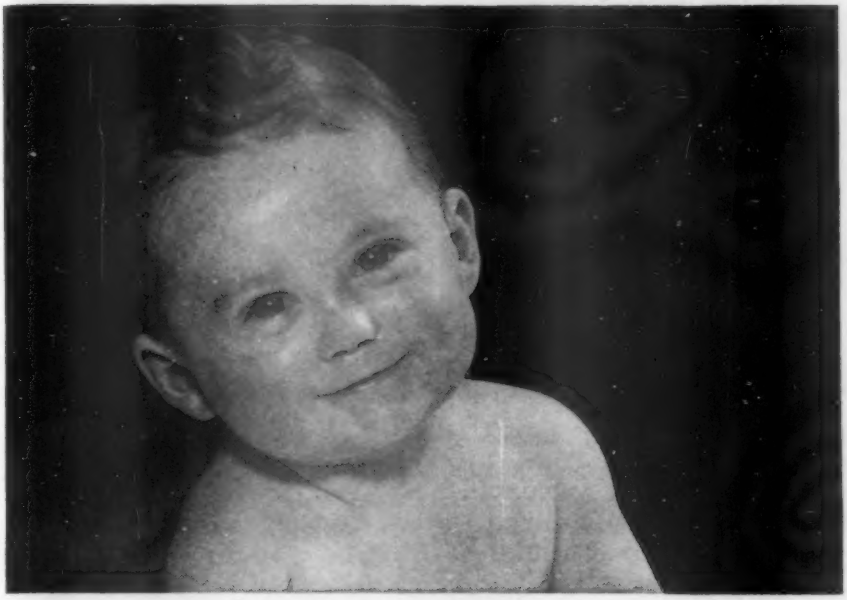
ARMY RANK BILL

At long last legislation is under way to provide full rank and benefits for Army nurses: A bill was introduced in the House on December first by Representative Frances Payne Bolton, as had been expected. If the bill passes, Mrs. Bolton will have the distinction of being identified with two of the most significant pieces of nursing legislation in the nation's history —the law which, for the first time, provided millions of dollars from Federal exchequers for nursing education and set up the Cadet Nurse Corps, and the present bill which would win the decades-old campaign to make Army nurses full-fledged officers.

The bill would erase the remaining status differences between men and nurse officers in the Army, and would set a retirement age for nurses at 55. Providing members of the permanent Army Nurse Corps with rank equal to that now carried by officers of the temporary women's services, the bill would bring to the oldest of the women's service organizations the proper status which its members deserve. Other advantages are benefits for dependents, pay and leave arrangements equal to those of regular Army officers.

This is the time for civilian nurses

OCCUPATIONAL DISEASES
ANSWERS:
True: 1, 4, 5, 8, 9, 12.
False: 2, 3, 6, 7, 10, 11.



Frankly, we don't believe in frills

NURSES don't believe in frills, either.

When it comes to *anything* for a small baby, the simpler the better.

That's especially true of a baby oil. The purer it is, the fewer ingredients it contains, the more likely it is to agree with a baby's delicate skin.

Johnson's Baby Oil is made of highly refined mineral oil with just enough lanolin added to give it extra "slip." It will not turn rancid. In comparisons with other oils, the crystal clearness of Johnson's is particularly impressive.

Johnson's Baby Oil

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More doctors, nurses and hospitals recommend Johnson's Baby Powder than all other brands put together.

Send for free sample bottle of Johnson's Baby Oil

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Please send me, free of charge, sample bottle of Johnson's Baby Oil.

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to get behind the legislation and write their Congressmen asking quick passage of the Bolton Bill to provide rank for Army nurses. Military nurses may not lobby or petition in their own behalf and are therefore dependent on public support for changes in their status.

The House Naval Affairs Committee recently approved a bill giving Navy nurses full rank, but it has not yet come up before Congress for vote. It differs from the Army Rank Bill in that it limits its provisions to the duration of the war plus six months.

SLASH

One fourth of a ten million dollar budget request to finance the nurse training program authorized by the Bolton Act was slashed by the House when it passed the first supplemental national defense appropriation bill for 1944.

The bill is now before the Senate Appropriations Committee which has not yet decided whether or not the $7,500,000 voted by the House should be raised to the ten millions requested by the Public Health Service. However, the House Appropriations Committee, which recommended the 25 per cent cut, made it clear that its action was not in prejudice to the program.

"There has been a fine response to this program," declared the committee in its report on the bill, but it pointed out that the sixty-five million dollar program estimated for the current fiscal year, ending June 30, 1944, was based on enrollment of 65,000 new nurses.

"The committee feels that at the present rate of recruitment it does not

appear likely that the anticipated enrollment will be attained. It will be necessary to review the program again early in the coming session, and if additional funds are needed they must be provided," said the report. "There is a moral obligation on the Congress to implement the act fully, especially since the program has been started."

The committee pointed out that on the basis of the allotments made as of October 12th from the forty-five million dollars already appropriated, approximately 84,000 cadet nurses will receive training, of which number 41,000 are new cadet nurses.

Hearings before the committee disclosed that the estimated cost per nurse of the thirty-six month course has been revised upward from $1,250 to $1,685.

Compression Dressing

[*Continued from page* 45]

additional adjustments or changes for a number of days when necessary, as under battle conditions.

9. They permit easy, as well as efficient, application to any wound with or without spurting vessels under such unfavorable conditions as high wind, semidarkness, and cramped close spaces—as in multiple passenger combat planes.

10. They make a superior type of first aid treatment available at or near the scene of injury for extensive surface injuries, such as burns, frozen members (frost bite), severe abrasions or crushing injuries.

11. They afford a dressing the bulky resilience of which will give maximum comfort and permit firm, safe bandaging, adequate to hold it indefinitely in place.

In a small 8 x 8 inch tin, Dr. Gallagher has packed sterile surgical pads

EDEMA 0.8 *vs* EDEMA 2.7

Rabbit Conjunctiva shows the influence of hygroscopic agents in cigarettes*

AVERAGE

EDEMA 0.8

Average edema upon instillation of smoke solution from **PHILIP MORRIS CIGARETTES.**

AVERAGE

EDEMA 2.7

Average edema upon instillation of smoke solution from **ORDINARY CIGARETTES.**

CLINICAL CONFIRMATION:** When *smokers* changed to PHILIP MORRIS, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

**Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245. ***Laryngoscope, 1935, XLV, No. 2, 149-154.*

and bandages to cover 1,296 square inches of body surface, finger individualizer strips, caps, and masks (one for patient). There are sixteen sterile pads 9 inches square, each pad containing 8 ounces of mechanic's waste, covered by one thickness of 44-40 mesh gauze overlying two layers of coarse gauze. Four of the dressing pads have a 5 inch by 5 yard roller bandage of bias-cut stockinet anchored to them. The principal ingredient of the dressings is mechanic's waste, a cotton waste from textile mills which is more resilient than absorbent cotton or surgical gauze, highly economical and plentiful. It's absorbent powers are fair and it is readily sterilizable.

The technique of applying the new compression dressing is simple. The persons administering the treatment remove the top covering and don the caps and masks from the pack. They apply the patient's mask. They wash their hands in soap and water, followed by alcohol. Morphine sulfate, a quarter to one half grain, is given the patient with severe burn or other large surface wound. Clothing is cut away to expose wounds and patient is kept warm if weather is cold. A plywood frame which opens to form a splint is then removed from the top of the pack. The draw string is pulled from the end of the muslin bag, presenting two finger individualizers. The first pad is lifted off by its attached bandage and placed on one extremity of the wound. Subsequent pads obtained are placed side by side and fixed with the bandage under moderate pressure. The fourth pad will have another bandage and so on until the package is all utilized. Other packages are obtained as needed for complete coverage of wounds in compression. The splints from the frames may then be applied

Sullen weather—colds in the offing. At the first signal physicians generally agree that medication should include a gentle laxative and a reliable antacid.

PHILLIPS' MILK OF MAGNESIA

neutralizes gastric hyperacidity and checks the accumulation of excess acid in the enteric canal. Its laxative action is accomplished without irritation.

No carbohydrates liberated; no CO_2 bloating; minimal acid rebound. No taste objection. Especially valuable when mild laxation is indicated in infants and children.

Dosage—As an antacid—2 to 4 teaspoonfuls (2 to 4 tablets)
As a gentle laxative—4 to 8 teaspoonfuls

PHILLIPS'
Milk of Magnesia

THE CHAS. H. PHILLIPS CO. DIVISION
of Sterling Drug Inc.

New York N. Y.

without padding, according to Dr. Gallagher. He believes that the fine 44-40 gauze is "the ideal substance for contact with the wound," and terms ointments, dyes, topical antiseptics, and such as harmful. "However, chemotherapy given orally or intravenously is essential."

It is his contention that the dressings should remain undisturbed as treatment, unless debridement and a reapplication of a compression bandage is absolutely necessary. When the dressing is removed he counsels that it be done under full surgical protection. "In any case," states the doctor, "treat the patient in a logical conservative manner to bring him through the critical period alive, leaving well enough alone. See to it that the blood volume is kept up, that unavoidable losses of blood plasma or cells are replaced; prevent or treat shock, and promptly administer adequate chemotherapy. Keep an accurate record of fluid intake and output and adjust the intake of fluid accordingly."

What are the doctor's thoughts on the principles of the compression treatment of wounds? Chiefly these: It aids to return circulation from the wound and so prevent edema . . . It prevents shock due to hemoconcentration which occurs in major trauma . . . It aids the blood in oxygenation, nutrition, and supplying of other fundamental needs of the tissue cells.

The compression dressings are packaged for maximum conservation of space so that more can reach the war zones, more can be carried by personnel, and for easy storage of adequate quantities by hospitals for immediate use in case of mass disasters.

The Staff Nurse

[*Continued from page 32*]

lone hospital group without an adequate defense against exploitation. (What is true of New York is fairly typical of conditions elsewhere.)

This absence of consideration for the institutional nurse contrasts cruelly with the altruism she has increasingly displayed since Pearl Harbor. Like her fellow citizens, she has had to readjust her budget to ascending price indexes; but unlike many of them, she has undertaken necessary sacrifices willingly and without insisting upon proportionate advances in her remuneration. In the face of conditions which would hardly be tolerated by industrial workers, she has never sulked or shirked or struck. Her well-known willingness to give until —and after—it hurts is confirmed by the Association's report. It discloses that, in *every* sector surveyed, nurses have voluntarily abandoned comfortable retirement to tender their services to hospitals in need of them. Frequently, the transfer was achieved at the cost of great personal disadvantage and inconvenience. Too often, all it has netted the humanitarian-minded volunteer has been redoubled demands upon her generosity.

The extent of the staff nurse's unselfishness cannot be fully appreciated unless her lot is compared with that of other professional women of similar education and background. Taking New York City elementary school teachers as a fair example, the Association found that they earn an average of $3,335 annually. They remain in the classroom relatively few hours daily, 180 days a year, and have every weekend off. The Association refrained from remarks which might be construed as disparaging to a sister profession. But less-restrained ob-

MINIT-RUB

. . . comforting adjuvant in uncomplicated colds for the patient

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servers might have mentioned that no one has dared to hint that school teachers are hindering the war effort because they don't step up their working day to ten or twelve hours, give up their holidays, and slave for a pittance.

How can the abuses uncovered in New York—and which can be assumed to exist elsewhere—be corrected? On the basis of its study, the New York Nurses' Association has evolved an extensive list of proposed reforms. As the Association sees it, no institutional nurse should be on duty more than eight hours (consecutive wherever possible) a day. She should be guaranteed one free day a week, in addition to national and bank holidays (or corresponding time off) and an eighteen-day yearly vacation with pay. Overtime should be made up to her within the month. Services and shifts should be rotated in justice to her coworkers. Her salary should be at least $1,800 a year—with automatic annual raises of $100 until a ceiling of $2,100 is reached. She should have her choice of living in or outside the hospital; of taking as little as one meal a day in the institution's dining-room—for which the charge should not exceed $10 a month; of having her uniforms laundered by the hospital at a top tariff of 50 cents apiece. Her employer should share responsibility for her health. Before joining the staff, she should be given a free medical examination and the hospital should pay part of the fees for succeeding examinations. A physician attached to the hospital should be at her disposal for consultations. She should be allowed an accumulative sick leave equivalent to one working day for each month of her employment—up to

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a total of 150 days. Hospitalization should be available to her through a hospital service system or a special provision of the hospital. She shouldn't be discharged without fourteen days' notice or two weeks' additional salary.

Staff nurses everywhere can thank their New York colleagues for laying what may well be the foundations of a national movement on their behalf. Unfortunately, however, the New York program failed to answer the one question uppermost in their minds at this time: How can such standards —admittedly desirable—be translated from ideals into realities? On this point, the New York report was silent. Perhaps it was expected that local hospitals would adopt the Association's recommendations of their own volition. But so far this has not happened; nor are there any signs of its happening in the immediate future.

The current probabilities, in fact, indicate that any improvement in the staff nurse's way of life will emanate from the West Coast rather than the conservative East. California is at the moment the battleground of a bitter struggle for higher pay for institutional nurses. Under the competent generalship of Shirley C. Titus, director of the State Nurses' Association, the campaign is being conducted with an aggressiveness and tactical skill previously unknown in organized nursing. The opening gun was fired last spring when California nurses designated the State Association's social security committee their bargaining agent*. Undaunted by their bosses' refusal to recognize the committee's right to act in this capacity, the nurses countered by carrying their case to the Tenth Regional War Labor Board in San Francisco. The Board agreed to

*See *R.N.* for April, 1943.

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preside as mediator over a hearing at which both sides were represented. The outcome was a sweeping victory for the nurses. After reviewing the opposing arguments, the W.L.B. issued a resolution fixing the salaries of California staff nurses at $155-to-$170 a month; the exact amount to be determined by seniority. In announcing the decision, Kenneth Williamson, War Labor Board executive secretary, appended this comment: "This order places non-profit, charitable, and proprietary hospitals, alike under jurisdiction of the W.L.B. and grants a salary level for nurses as indicated."

The effect was as if an incendiary bomb had been dropped into the hospitals' midst. Some executives exploded into outbursts of angry protests. Others hastened to comply with the War Board's request—it was strictly a request, since the hospitals were not compelled to accept the new scale. But the truth was that the nurses, by focusing the lamp of public opinion upon the plight of those engaged in an essential war task, had maneuvered the institutions into an extremely delicate position. As Miss Titus explains: "A situation has been created wherein if a hospital fails to meet the standard, it opens itself to the criticism that it is paying substandard wages." Lending wings to some hospitals' frantic efforts to make financial amends to their staffs was still another factor: fear that they might otherwise suffer further losses of already depleted nursing personnel.

More important than the dollars-and-cents gains proceeding from the California precedent, in the view of West Coast nurses, is the success of the methods by which they were attained. Advocates of labor unions—who had

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been unusually busy in California—had maintained that nursing societies were necessarily ineffective in the economic sphere. By demonstrating that organized nursing *can* solve its economic problems without outside interference, the California Nurses' Association has furnished an incontrovertible negation of unionists' claims.

Its leaders, to be sure, are not counting upon a complete collapse of the obstructionist element within hospital ranks. They remember the violent opposition the proposed wage increases aroused at the War Board conference. So they are mobilizing their forces for a concentrated attack against possible attempts to evade fulfillment of the W.L.B.'s aims. State and district officers are keeping a close watch on hospitals in their areas. Staff members have been advised to "seek to have salary rates of the hospital where they are employed adjusted to W.L.B. rates," and if they run into resistance, to "inquire of the authorities as to when they plan to effect the adjustments." Simultaneously, the State Association is checking upon how many hospitals have obeyed the W.L.B. order, on how quickly the rest are falling into line, and finally upon those which can be classed as definite holdouts. The C.S.N.A. is also encouraging hospitals to cooperate by publishing an honor roll of those lifting their salary levels to the War Labor Board mark.

It is evident that the staff nurse will not lack allies in her fight for a decent living. Letters approving the stand of the West Coast profession are pouring into the headquarters of the California Nurses' Association from distant corners of the country. A substantial percentage are from R.N.'s in related fields who are aware, as the New York Nurses' Association puts it, that "salaries for more responsible positions will be in ratio to those for the first [staff] level." This was dramatically illustrated in California when the War Labor Board, in ruling upon the compensation of nursing staffs, included nurses practicing surgical, obstetrical, anesthetic, communicable disease, and industrial specialties. Miss Titus likewise predicts that the W.L.B. decree will extend to those holding down executive and teaching posts in hospitals. Says she: "The W.L.B. will approve applications of hospitals for permission to advance salaries of institutional nurses functioning in an administrative or teaching capacity to the levels set forth in the California Nurses' Association's 'Schedule of Minimum Salaries'."

Whatever benefits may be in store for the staff nurse, it is virtually certain that they will arrive through *state*

RESEARCH vs. EMPIRICISM

EMPIRIC: *A member of an ancient sect of physicians who disregarded all theoretical study, and based their knowledge and practice upon experience alone.*

. . . one who deviates from the rules of science and regular practice; hence a quack, charlatan.

In contrast to this is the professional spirit that prevails today. Modern physicians—ever on the alert to guard the well-being of their patients—prescribe only those products which they know have been developed after much scientific research and experiment.

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channels. The American Nurses' Association has evinced small interest in the staff nurse's financial fate. On the other hand, again to quote Miss Titus, "state nurses' organizations are beginning to realize they must assume responsibility for the economic security of their members." The moment that realization takes the form of a nationwide chain of united state fronts—possibly patterned on the California model—staff nurses everywhere can be sure that their long-awaited break is near at hand.

Britain's Babies

[*Continued from page* 44]

her own home by the midwife, who advises on the preparations to be made for the confinement and for clothing the baby. For 14 days after the birth, the midwife visits mother and child each morning and for the first three days in the evening as well, assuring herself that normal progress is being maintained. After this time the case is "finished" and the baby transferred to the care of the health visitor and the Infant Welfare Center. But the daily association over such an important period has formed a bond. The mother, no less than the child, is regarded with a protective, maternal eye by the midwife, who continues the association by visits on her days off.

War has brought its own special problems to the health services in Britain, among which is the evacuation of children and expectant mothers from target areas to comparatively safe country districts. A large number of midwives put themselves at the disposal of the State and volunteered to be moved to any place at any time they might be needed.

Some 100 emergency maternity

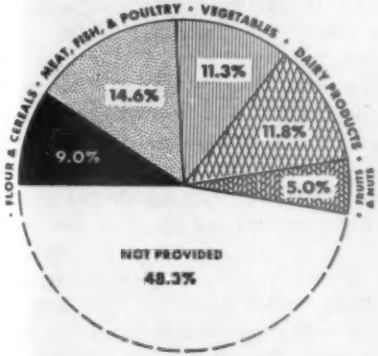
homes, staffed by midwives, were set up in country houses; maternity beds in hospitals and nursing homes were allocated for the use of evacuated mothers. In these, babies are now born at the rate of about 400 a week—95,000 since the war began. Besides these homes, there are 60 ante-natal and post-natal hostels in the safe areas, where mothers can stay before and after the birth of their babies, and these too are staffed by fully trained midwives.

The midwife working in these and other institutions, receives a salary under the new recommendations of £120 to £160 a year, depending on her years of service. On becoming a sister, she is paid £150 to £200 a year, with a £20 bonus at the end of ten years. A matron (director) earns from £210 to £500 a year, according to years of service and the size of the institution she controls. The domiciliary midwife, not resident in a hospital, receives a higher salary, the village nurse midwife starting at £210 and rising to £270 a year, and the district midwife (who is also a State Registered Nurse) £270 to £360 a year. Out of this they have to find their own board and lodging.

In 1936, a salaried service of midwives was introduced and midwives employed in the service receive a salary from the local authority instead of being paid a fee by the patient. The salaried system of payment is, both from the midwife's and the mother's point of view a better one. In poor districts, the fees might be slow in coming in and the midwife, knowing the circumstances of her cases, would hesitate to press for them. Now the fee is paid by the mother to the local authorities who administer the health services in their own districts. This fee, covering the whole cost of pre- and post-natal care, as well as the

Significance of Thiamine Contribution

through enrichment of flour to the new standards



Showing percentages of the recommended daily per capita allowance of thiamine contributed by various classes of foods in the average American pre-war diet; and the percentage not provided.

On Oct. 1, 1943, the Government set new standards for enriched flour. These require higher levels of thiamine, niacin, and iron. Also the addition of riboflavin.

As shown by these charts, prepared under the direction of General Mills Nutrition Department, the contribution of thiamine through enrichment is of especial significance. Everyone interested in further nutritional progress will agree that another important step forward has been taken. All General Mills brands of family flour are being enriched to the new levels of thiamine, niacin, riboflavin and iron.

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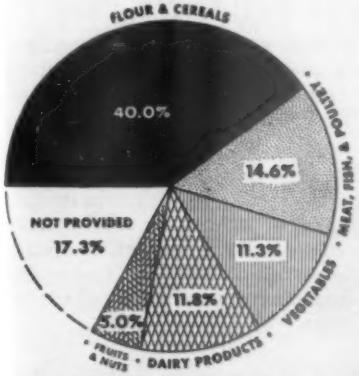
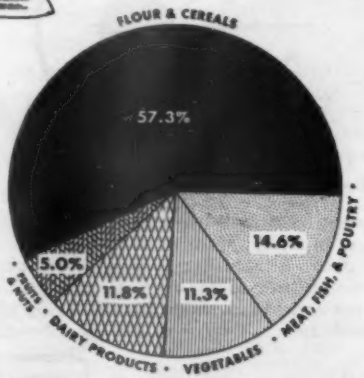


Showing increase in percentage of the recommended daily per capita allowance of thiamine contributed if all the flour-converted products in the average normal (pre-war) diet were enriched in line with the new enrichment standards.



Showing that 100% of the recommended daily per capita allowance of thiamine would be met if per capita consumption of enriched flour-converted products as defined in Chart 2 were increased about 40%.

The above charts are based on 1.6 mg. of thiamine and 2800 calories (the recommended daily allowance for thiamine and calories on a per capita basis). They are also based on foods as eaten.

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confinement, averages £2/2, but in practice what is paid is the amount that can be afforded, sometimes nothing at all if there is a large family and a small income.

The great need for midwives since war began has led the College of Midwives to institute refresher courses for those who had retired on marriage, or who had not practiced for some time. Despite the fact that some of the training schools have been damaged in air raids, these courses and the regular training course have been continued, and some additional examination centers set up. For the midwife is a vital factor in the welfare of Britain's coming generation, and nothing must stand in the way of there being sufficient numbers to meet the nation's needs.

Health Briefs

BY LEONHARD FELIX FULD, PH.D.

Health Director, Medical Center
Jersey City, New Jersey

*

For successful health teaching a sincere interest in one's fellow beings is at least as important as technical knowledge and teaching ability.

*

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ANESTHETIST: Midwest. Important position on staff of large hospital; will be given privilege of giving anesthetics for a chief surgeon; salary from hospital, $200; fees from private practice increases salary substantially. MB12-2.

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DIETITIAN: East. New cafeteria being opened, large eastern industrial plant; duties include management of department, selecting personnel, purchasing of food, preparing menus, full responsibility for a working budget. Salary open. C269-2.

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***GENERAL DUTY NURSES:** Pennsylvania. Several openings for nurses in sanatorium for tuberculosis. Salary $90 per month, with full maintenance. Write to: Supt. of Nurses, Erie C. T. B. Hospital, Erie, Pa.

GENERAL DUTY NURSES: Registered in New York State for nursing in a tuberculosis hospital. Salary $115 per month plus full maintenance, with an increase of $5 per month after six months satisfactory service, and another $5 increase at the end of one year. WCJ12-1.

***GENERAL DUTY NURSES:** South. Graduate nurses in private psychiatric sanitarium. Psychiatric nursing experience desirable but not essential. Give details of training, experience, and send recent picture with application. Write to: Malcolm D. Kemp, M.D., Pinebluff Sanitarium, Pinebluff, N.C.

GENERAL DUTY NURSES: Cuba. Opening for two nurses; private hospital, $115 per month, maintenance; plus travel allowance. MB12-7.

HEAD NURSES: West. Competent, qualified to teach and supervise in surgical and obstetrical divisions, attractively located Rocky Mountain hospital; salary depends on qualifications. Excellent climate. C271-4.

HEAD NURSE & STAFF NURSE: East. Openings in large hospital. Would prefer nurses who wish to carry on studies at nearby university. MB12-25.

INSTRUCTOR: South. Openings for instructor, small nursing school; minimum two years college training required; $175 monthly, complete maintenance. MB12-8.

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NURSES: Hawaii. Operating room, obstetrical, psychiatric, and general nursing. Fully accredited hospital, modern and situated on attractive grounds; minimum salary for general duty nurses $115 monthly, with maintenance. Transportation provided; opportunity for advanced study if so interested. MB12-10.

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***OBSTETRICAL SUPERVISOR:** Northwest. Postgraduate preparation required. 60-bed department averaging 150 deliveries per month, five assistants; total staff of 17 graduates, 12 students plus non-professional workers. Saturday P.M. and Sundays off; 4 weeks vacation, $140 monthly, full maintenance. Write to: Lenore Tobins, R.N., director, school of nursing, Waterbury Hospital, Waterbury, Conn.

OBSTETRICAL SUPERVISOR: West. Postgraduate, qualified supervise first-class department, instruct students; interesting location; salary open. C276-7.

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PEDIATRIC INSTRUCTOR: West. Degree required for progressive western children's hospital with affiliated students; $225 monthly. C278-8.

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PUBLIC HEALTH NURSING: South. If not trained in public health nursing, training will be provided during which time nurse will receive substantial salary. MB12-14.

RECORD LIBRARIAN: Pacific Northwest. Newly equipped department; 200-bed hospital. MB12-15.

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***SUPERINTENDENT OF NURSES:** South. For private psychiatric sanitarium. Must have had training and experience in psychiatric nursing. Attractive salary. Give details of training, experience, and send recent photograph with application. Write to: Malcolm D. Kemp, M.D., Pinebluff Sanitarium, Pinebluff, N.C.

SENIOR SURGICAL NURSE: West. Pleasant 130-bed California hospital, good location offering ideal year round climate; $165 starting salary, periodic increases to maximum of $180 monthly. C279-9.

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TEACHING SUPERVISOR: For private surgical unit and supervisor for medical wards; fairly large hospital, delightfully located in university town; $150-$160 monthly, complete maintenance. MB12-20.

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SURGERY SUPERVISOR—and head nurse; small mining company hospital in Arizona; $155, full maintenance.

SUPERVISORS—(a) Superintendent of nurses, 50-bed county hospital near California coast; beautiful location, pleasant connection; $175, maintenance. (b) Instructor; degree; new training school south of San Francisco; excellent salary.

DIETITIAN—A 300-bed county hospital, California seaside resort city, needs experienced anesthetist; $150 maintenance.

TECHNICIANS—(a) Medical technologist; busy Hollywood laboratory; $250 (b) Well-trained x-ray technician; Catholic hospital near Los Angeles; $175. (c) Laboratory and x-ray technician; office of Los Angeles physician; $175.

MEDICAL RECORD LIBRARIAN—For small but busy hospital in Southern California; some medical dictation; salary open.

Business and Medical Registry
(Agency) **Elsie Miller, Director**
609 South Grand Ave., Los Angeles 14, Calif.

PICTURE OF A MAN WITH A Sore Throat

ACCURATE forecasts predict a tremendous increase in sore throats but they will be the kind that no medication will help. Commando victims will seldom recover.

However, there are thousands of sore throats that can be helped. NUPORALS* *contain the excellent anesthetic,* NUPERCAINE* *which affords prolonged relief from local distress. The lozenge dissolves readily in the mouth and the anesthesia develops quickly.*

Many physicians use *NUPORALS* before the passage of a stomach tube, thereby controlling the gag reflex. Others use them to alleviate pain from trauma, either surgical or dentural.

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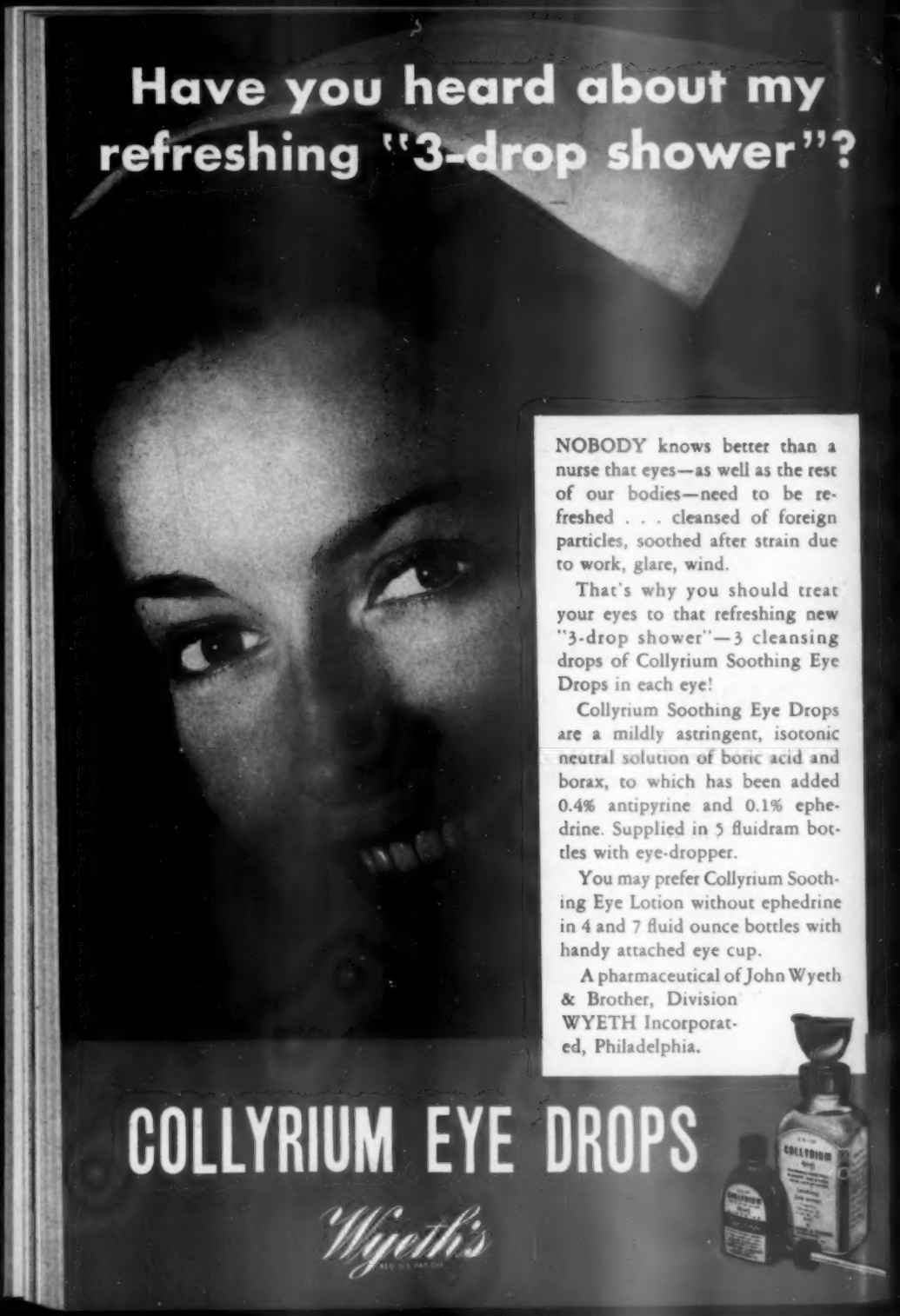
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NOBODY knows better than a nurse that eyes—as well as the rest of our bodies—need to be refreshed . . . cleansed of foreign particles, soothed after strain due to work, glare, wind.
That's why you should treat your eyes to that refreshing new "3-drop shower"—3 cleansing drops of Collyrium Soothing Eye Drops in each eye!
Collyrium Soothing Eye Drops are a mildly astringent, isotonic neutral solution of boric acid and borax, to which has been added 0.4% antipyrine and 0.1% ephedrine. Supplied in 5 fluidram bottles with eye-dropper.
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